



1

CITY OF WORCESTER



ANNUAL REPORT

ON THE

HEALTH OF THE CITY

FOR THE YEAR

1966

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

Medical Officer of Health



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“ Easily the most pleasing facade of any Public Health Department
in Britain.”

Professor C. Miranda.

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Medical Officer of Health

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HEALTH COMMITTEE

31st DECEMBER, 1966

HIS WORSHIP THE MAYOR (Councillor Frederick Percy Lewis)

Chairman : ALDERMAN WILLIAM JOHN DANIEL

Vice-Chairman : COUNCILLOR EDWIN JOHN WHITT

ALDERMEN

HORACE HENRY EXALL

HAROLD ERNEST WATTS

MRS. FRANCES ROSA
RATCLIFFE

COUNCILLORS

MRS. ELLA BRADLEY

GEORGE CYRIL KERR

MRS. JOYCE IRIS BROWN

HORACE LANE

DENIS BYNG CAUGHEY

MRS. HILDA MAY LETTICE

MRS. NORAH MABEL CAUGHEY

GEORGE THOMAS RANDALL

ROBERT TELFER DEDICOTT

LESLIE WYNNE THOMAS

MRS. DOROTHY MARY
GETHING

WILLIAM LESLIE THOMPSON

DAVID INIGHT

ALBERT JOHN WILKS

NON-MEMBERS OF THE COUNCIL

*Representing the Medical
Profession*

DR. D. M. BRIERLEY

DR. D. W. JAMES

DR. P. G. COPE

*Representing the Dental
Profession*

MRS. G. PHILLIPS-

BROADHURST

HEALTH SUB-COMMITTEES

Accounts

ALDERMAN MRS. RATCLIFFE
ALDERMAN WATTS

COUNCILLOR WILKS

Health Centres

ALDERMAN DANIEL
ALDERMAN EXALL
ALDERMAN MRS. RATCLIFFE

COUNCILLOR MRS. CAUGHEY
COUNCILLOR DEDICOTT

COUNCILLOR MRS. GETHING
COUNCILLOR THOMAS
COUNCILLOR THOMPSON
COUNCILLOR WHITT
COUNCILLOR WILKS

DR. D. M. BRIERLEY
DR. J. M. DUNCAN
DR. C. ROMER (nominated
by Local Medical Com-
mittee)

MR. W. LUDLAM (nominated
by City of Worcester
Executive Council)

MRS. G. PHILLIPS-
BROADHURST
(appointed directly by the
Health Committee)

Mental Health Services

ALDERMAN EXALL
ALDERMAN MRS. RATCLIFFE
COUNCILLOR MRS. BRADLEY
COUNCILLOR CAUGHEY
COUNCILLOR DEDICOTT

COUNCILLOR INIGHT
COUNCILLOR LANE
COUNCILLOR MRS. LETTICE
MR. W. LUDLAM

Midwifery Etc.

ALDERMAN MRS. RATCLIFFE
COUNCILLOR MRS. BROWN
COUNCILLOR MRS. LETTICE

DR. D. M. BRIERLEY
DR. D. W. JAMES
(appointed directly by the
Health Committee)

Property Inspection

| | |
|-------------------------|---------------------|
| ALDERMAN DANIEL | COUNCILLOR INIGHT |
| ALDERMAN EXALL | COUNCILLOR KERR |
| ALDERMAN MRS. RATCLIFFE | COUNCILLOR RANDALL |
| ALDERMAN WATTS | COUNCILLOR THOMPSON |
| COUNCILLOR MRS. BRADLEY | COUNCILLOR WILKS |
| COUNCILLOR DEDICOTT | |

Staffing

| | |
|-------------------------|-------------------------|
| ALDERMAN DANIEL | COUNCILLOR CAUGHEY |
| ALDERMAN EXALL | COUNCILLOR MRS. LETTICE |
| ALDERMAN MRS. RATCLIFFE | COUNCILLOR THOMAS |
| ALDERMAN WATTS | COUNCILLOR THOMPSON |

PUBLIC HEALTH DEPARTMENT STAFF, 1966

Medical Officer of Health and Principal School Medical Officer :

G. M. O'DONNELL, B.A., M.B., D.P.H.

Deputy Medical Officer and Deputy Principal School Medical Officer :

A. I. BLENKINSOP, M.B., B.S., D.P.H., D.Obst.R.C.O.G., D.C.H.

Assistant Medical Officers of Health :

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H., D.P.H.

DOUGLAS G. SNELL, M.B., B.S., D.P.H.

Chest Physician (part-time) :

EDGAR N. MOYES, M.D., F.R.C.P.

(Chest Physician, Regional Hospital Board)

Honorary Adviser in Mental Health :

A. M. SPENCER, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

Psychiatrist (Part-time) :

EILEEN M. WHITELAW, M.B., B.S.

Public Analyst :

W. E. JONES, M.Sc., F.R.I.C. (County Analyst—Services utilised by arrangements with Worcestershire County Council)

Principal Dental Officer :

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Dental Officers (Part-time) :

MRS. B. SAVAGE, B.D.S.

R. WEBLEY, L.D.S.

Dental Anæsthetists (Part-time) :

H. HARVEY, M.D., M.B., B.S., D.A.

C. T. MILLS, M.B., Ch.B.

W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgery Assistants :

MRS. J. MACKELVIE (Resigned 28th February, 1966)

MRS. R. J. YOUNG

MRS. J. E. RICKETTS (Commenced 13th April, 1966)

Chief Public Health Inspector :

T. W. MARSDEN

Deputy Chief Public Health Inspector :

J. H. BENJAMIN

District Public Health Inspectors :

J. HARTLEY

G. D. HALES

T. C. COLEMAN

P. C. BEECH

Pupil Public Health Inspectors :

M. MILLEN

B. C. R. DICKENS

Rodent Operative :

P. ROWBERRY (Retired 5th May, 1966)

P. ASHCROFT (Commenced 1st May, 1966)

Disinfector, Van Driver, Etc. :

C. A. WEBB

*Principal Nursing Officer and Non-Medical Supervisor of
Midwives :*

MISS O. KEYWOOD

*Deputy Principal Nursing Officer and Deputy Non-Medical
Supervisor of Midwives :*

MISS P. M. DOWNING

Health Visitors/School Nurses :

MISS A. DUNLOP

MISS M. HANNON (Resigned 30th September, 1966)

MISS C. MILLARD (Resigned 31st August, 1966)

MISS P. HIGGINS

MRS. A. E. SANDLES

MISS J. M. TEECE

MRS. M. P. McQUAID

MRS. M. E. HOWE (Part-time)

MRS. M. HOLMES (Part-time)

Trainee Health Visitors :

MRS. C. E. CHRISTOPHER (Commenced 12th September, 1966)

MISS D. FAUGHNAN (Commenced 12th September, 1966)

Clinic Nurses (Temporary Appointment) :

MRS. A. TUMMEY (Resigned 11th November, 1966)

MRS. S. E. HAWKESFORD (Part-time) (Commenced 4th January, 1966)

MRS. M. I. HUGHES (Part-time) (Commenced 14th March, 1966)

MRS. E. CORBETT (Part-time) (Commenced 3rd October, 1966)

Senior District Nurse :

MISS M. J. CARTWRIGHT

District Nurses :

MRS. E. LOCK

MISS R. V. BETTS (Resigned 13th February, 1966)

MRS. P. LISTER

MR. J. EDWARDS

MR. P. J. BARKER

MISS M. M. VERITY (Resigned 17th September, 1966)

MISS J. PREECE

MRS. J. E. EVANS (Resigned 2nd October, 1966)

MRS. B. D. THOMAS (Resigned 31st December, 1966)

MR. J. W. C. KERTON

MISS S. M. GEORGE (Resigned 30th September, 1966)

MRS. S. A. BERESFORD (Commenced 3rd January, 1966)

MISS V. M. NASH (Commenced 16th February, 1966)

MRS. J. M. SHARP (Commenced 12th September, 1966)

MRS. M. NAYLOR (Commenced 3rd October, 1966)

District Nurses (Part-time) :

MRS. S. K. DRINKWATER

MRS. A. E. BROOKES

MR. M. JACOBS

MRS. A. V. J. DAVIS

MRS. E. F. WARDLE

MRS. G. M. HART (Commenced 4th April, 1966)

MRS. E. S. S. CARTER (Commenced 5th September, 1966)

Midwives :

MISS F. MIDWINTER

MISS D. J. SALISBURY (Resigned 13th February, 1966)

MISS M. F. WILLIAMS

MRS. U. M. AUSTIN

Clerk, Nursing Institute :

MRS. M. SHURMER

Senior Medical Social Worker (Geriatrics)

MISS RUTH WILKES, B.A (Resigned 30th November, 1966)

Chiropodists (Part-time)

MRS. M. R. GILBERT

MISS J. E. PRICE

MR. R. J. BAILEY

Mental Welfare Officers :

W. H. HORNE

J. A. EVERETT

Trainee Mental Welfare Officer :

MISS P. F. ROGERS

Home Help Organiser :

MISS C. J. PAIN

Assistant Home Help Organiser :

MRS. M. J. LUCEY

Chief Clerk :

A. J. RIX

Senior Clerk :

MISS E. C. GRIFFIN

Secretary to Medical Officer of Health :

MISS M. M. PARSONS

Clerical Officers :

MISS E. BISHOP

MISS M. F. DUNNE

and 10 full-time clerks

*Manager/ Superintendent,
Perryfields Residential Hostel and Adult Training Centre
(Appointment Re-designated)*

W. T. BAYLAY

Assistant Superintendent, Residential Hostel, Perryfields

H. H. F. TAYLOR (Resigned 4th September, 1966)

MRS. E. EDWARDS (Commenced 8th August, 1966)

Senior Assistant Supervisor, Adult Training Centre, Perryfields:

MRS. J. I. BREEZE

Assistant Supervisor, Adult Training Centre, Perryfields :

MRS. K. B. WILKES

Instructors, Adult Training Centre, Perryfields :

D. W. ROBINSON

J. JONES

Assistant Instructor, Adult Training Centre, Perryfields :

MRS. L. J. BOWER (Commenced 28th March, 1966)

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

*To the Right Worshipful the Mayor, Aldermen and Councillors
of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the health of the City, I should first like to thank the Chairman and members of the Health Committee for the generous help and encouragement they have given me during the year.

My colleagues in other departments and organisations have afforded me every courtesy and assistance and in particular I should like to acknowledge the support and co-operation of those in my own profession. Detailed comment on the various aspects of our work will be found in the body of the report. "The practice is quiet," said Dr. Watson, "and I have an accommodating neighbour"—I suppose this observation would more or less describe the activities of the past year which, though lively at times, had little to distinguish them. There were advances in the Cervical Cytology, Family Planning and Home Help Services, each section reported a growing case load, but no new premises or major innovations were introduced. The number of personal and family problems continued to increase but this is a general phenomenon and one can but admire the ingenuity of those who have created so complex and sophisticated a society from which so little pleasure and so much unhappiness is derived. If this trend persists it will be impossible to provide sufficient staff to contain it. Perhaps the answer is to have a computer programmed for all possible contingencies into whose maw individuals could feed their problems subsequently collecting the solution, advice or source of help available. If the receiving end were disguised by a suitably benign effigy, traditionalists could comfort themselves that we had but renewed the customs of the past when supplicants put their petitions before the idol of their choice. And computers are very much the idols of today.

In less sombre mood, I would like to report that Blockhouse Phase II Clearance Area will be finished in 1967 and that Phase III will commence that year. Blockhouse Phase III is our last big clearance area and we hope to achieve our aim of complete slum clearance by 1970. This will leave us with about 4,000 houses which though not unfit, are lacking in amenities and are in a varying degree of disrepair. A survey of these has been undertaken and a pilot scheme embracing 100 houses was reported to Health Committee to give guidance on costs, results to be achieved and labour requirements involved. Worcester has an excellent record in providing accommodation for its citizens, showing in this age of dubious experimentation a curiously archaic preference for what is needed rather than what is desired.

Lastly, I should like to thank the staff of the Health Department for the conscientious and devoted manner in which they have carried out their duties during the year. The amount of work seems to multiply by some inexorable law, but each year the extra chores are undertaken most loyally.

It is therefore with particular regret that I report the retirement of Mr. Percy Rowberry after 22 years service to this authority. Mr. Rowberry was our senior rodent operative in which capacity he waged relentless, ingenious and sustained warfare against the rat population of this town. This work is of obvious importance but in general those who carry it out receive little recognition for their services.

Yours faithfully,

G. M. O'DONNELL,

Medical Officer of Health.

GENERAL STATISTICS

| | |
|--------------------------------------|------------|
| Area (in acres) | 6,114 |
| Estimated population | 69,390 |
| Number of inhabited dwellings | 23,281 |
| Number of persons per dwelling... .. | 2.98 |
| Rateable value of the borough | £3,019,775 |
| Product of a Penny Rate | £12,000 |

VITAL STATISTICS

Live Births

| | |
|---|-------|
| Number | 1,249 |
| Rate per 1,000 population | 17.46 |
| Illegitimate Live Births per cent of total live births | 6.24 |

Stillbirths

| | |
|---|-------|
| Number | 27 |
| Rate per 1,000 total live and still births | 21.16 |
| Total Live and Still Births | 1,276 |
| Infant Deaths (deaths under 1 year) | 25 |

Infant Mortality Rates

| | |
|--|-------|
| Total infant deaths per 1,000 total live births | 20.02 |
| Legitimate infant deaths per 1,000 legitimate live births | 17.08 |
| Illegitimate infant deaths per 1,000 illegitimate live births | 64.10 |

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)

15.21

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)

12.01

Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)

32.92

Maternal Mortality (including abortions)

| | |
|---|------|
| Number of deaths | 1 |
| Rate per 1,000 total live and still births | 0.78 |

Deaths

| | |
|---|-------|
| Number | 758 |
| Rate per 1,000 population | 10.59 |
| Number of deaths from tuberculosis (all respiratory) | 4 |
| Tuberculosis death rate per 1,000 population | 0.06 |

The following abridged table of deaths published by the Registrar General details the deaths under 36 main headings.

16

| | Age in Years | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|--|---------------|---|--------------------------|---|----|---|----|---|-----|---|-----|---|-----|---|-----|----|-----|----|-----|----|-----|-----|--------|-----|-------------|
| | Under 4 weeks | | 4 weeks and under 1 year | | 1+ | | 5+ | | 15+ | | 25+ | | 35+ | | 45+ | | 55+ | | 65+ | | 75+ | | Totals | | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Tuberculosis, respiratory | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 4 |
| 2 Tuberculosis, other | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 3 Syphilitic Disease | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| 4 Diphtheria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 5 Whooping Cough | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 6 Meningococcal infections | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 7 Acute poliomyelitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 8 Measles | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| 9 Other infective and parasitic diseases | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| 10 Malignant neoplasm, stomach | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 20 |
| 11 Malignant neoplasm, lung, bronchus | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 38 |
| 12 Malignant neoplasm, breast | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 11 |
| 13 Malignant neoplasm, uterus | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 5 |
| 14 Other malignant and lymphatic neoplasms | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 58 |
| 15 Leukaemia, aleukaemia | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 7 |
| 16 Diabetes | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 4 |
| 17 Vascular lesions of nervous system | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 144 |
| 18 Coronary disease, angina | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 109 |
| 19 Hypertension with heart disease | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 15 |
| 20 Other heart disease | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 92 |
| 21 Other circulatory disease | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 34 |
| 22 Influenza | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 3 |
| 23 Pneumonia | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 27 |
| 24 Bronchitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 58 |
| 25 Other diseases of respiratory system | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 15 |
| 26 Ulcer of stomach and duodenum | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 34 |
| 27 Gastritis, enteritis and diarrhoea | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 19 |
| 28 Nephritis and nephrosis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 2 |
| 29 Hyperplasia of prostate | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 13 |
| 30 Pregnancy, child-birth abortion | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 5 |
| 31 Congenital malformations | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 14 |
| 32 Other defined and ill-defined diseases | 3 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 22 |
| 33 Motor vehicle accidents | 8 | 4 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 36 |
| 34 All other accidents | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 5 |
| 35 Suicide | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 6 |
| 36 Homicide and operations of war | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 4 |
| | 12 | 7 | 4 | 2 | 1 | — | 1 | — | 4 | 4 | 5 | 5 | 4 | 6 | 21 | 12 | 73 | 45 | 124 | 76 | 123 | 229 | 386 | 758 | |

HEALTH STATISTICS

INFANT MORTALITY

The death rate of children in the first year of life fell to 20·02 per 1,000 total live births. To offset this there was an unexpected rise in the illegitimate infant death rate which has previously been very low for some years. Five illegitimate infant deaths were recorded, four of whom died in hospital and one at home. The causes of death and age of the infant were as follows:— Respiratory distress syndrome secondary to prematurity and antepartum hæmorrhage (14 hours); Prematurity (4 days); Early pneumonitis (3 days); Gangrene of small bowel, volvulus and bronchopneumonia (28 days); Acute allergic reaction due to aspiration of vomited milk (5 months).

The early neo-natal mortality rate which relates to deaths under one week was reduced to 12·01 per 1,000 total live births, but as there was quite a large increase in the number of stillbirths, the perinatal mortality rate which combines both rose to 32·92.

CAUSES OF INFANT DEATHS:

| Causes:— | Under 1 week | Under 1 month | Under 1 year |
|---|-----------------|------------------|-----------------|
| Prematurity | 9 | 10 | 10 |
| Prematurity and Respiratory Infection | 3 | 4 | 4 |
| Respiratory Infection | 1 | 1 | 5 |
| Congenital Malformations ... | 2 | 4 | 4 |
| Measles, Encephalitis and Congenital Malformations | — | — | 1 |
| Volvulus of Bowel | — | — | 1 |
| Total ... | 15 | 19 | 25 |
| Where Died:— | | | |
| Home | — | — | 2 |
| Hospitals in this area | 15 | 18 | 20 |
| Hospitals away from this area | — | 1 | 2 |
| En route to hospital | — | — | 1 |
| Total ... | 15 | 19 | 25 |

CAUSES OF STILLBIRTHS

| | |
|--|----|
| Placental Insufficiency | 3 |
| Placental Insufficiency and Maternal Hytension | 2 |
| Antepartum Hæmorrhage | 3 |
| Foetal Abnormalities | 8 |
| Rhesus Incompatability | 1 |
| Malpresentation | 2 |
| Prematurity | 2 |
| Unknown Cause | 6 |
| | — |
| Total | 27 |
| | — |

DEATH RATE

The overall death rate fell from 11·17 to 10·59 deaths per 1,000 population which is our lowest yet. The tuberculosis death rate also declined. With the exception of those involving the stomach, the number of deaths from all forms of cancer decreased, and while heart and circulatory disease mortality stayed the same there was quite a big drop in deaths from coronary disease, 109 compared with 130 in the previous year. Unfortunately after four years without a maternal death, one occurred towards the end of the year.

DEATHS FROM VIOLENCE

| | 1963 | 1964 | 1965 | 1966 |
|-----------------------------|------|------|------|------|
| Motor Vehicle Accidents ... | 8 | 11 | 9 | 8 |
| Other Accidents | 25 | 23 | 14 | 9 |
| Suicide | 10 | 10 | 7 | 7 |
| Homicide | — | 2 | — | 1 |
| | 43 | 46 | 30 | 25 |

SUICIDE

| | Age in Years | | | | | | | | | | Total | |
|---------------------------|--------------|---|-------|---|-------|---|-------|---|-------|---|-------|---|
| | 15-24 | | 25-34 | | 35-44 | | 45-54 | | 55-64 | | 65-74 | |
| | M | F | M | F | M | F | M | F | M | F | M | F |
| | | | | | | | | | | | | |
| Drowning ... | — | — | — | — | — | — | — | — | — | 1 | — | 1 |
| Overdose ... | — | — | — | — | — | — | 1 | 1 | — | 1 | — | 3 |
| Carbon Monoxide Poisoning | — | — | 1 | — | — | — | — | — | — | — | 1 | — |
| Coal Gas Poisoning | 1 | — | — | — | — | — | — | — | — | — | 1 | — |
| Totals ... | 1 | — | 1 | — | — | — | 1 | 1 | — | 2 | — | 4 |

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21—Health Centres

I am afraid that our health centre is having a rather elephantine gestation. This is not due to any lack of good will for seldom has a concept of this size been so generally welcomed, and it is indeed difficult to recall even one dissenting voice. Approved by both Health Committee and Local Executive Council, and stimulated by the active interest of the general practitioners concerned one might have expected more obvious signs of progress. However, we have had considerable difficulty in obtaining a suitable site as this had to be located in a very central position and preferably already in the possession of the City Council. Several possibilities were considered but it was not until the end of the year that a really practical proposition became available which supplied the requirements of all those involved. At any rate the waiting period was not wasted as it enabled a great deal of thought to be given to planning.

We have, therefore, high hopes of 1967 which long range forecasts predict as a good year for health centres anyhow.

I would like to extend my personal thanks to the City Architect, Mr. Roy McKee, and his staff who have shown a most sincere interest and enthusiasm in the project. I feel sure they have already earned the gratitude of many Worcester doctors, a most useful asset for those undertaking town planning in Worcester.

SECTION 22—Care of Expectant and Nursing Mothers and Children under School Age

(a) Ante-Natal Clinics.

Weekly ante-natal clinics are held at the Tything Nursing Institute and at Warndon, examinations being carried out by the domiciliary midwives of those who have booked for home confinements. During the year 418 mothers attended, which is a decrease on the 1965 figure of 470.

(b) Parentcraft and Relaxation Classes.

An investigation undertaken recently by the Royal College of Midwives showed how desirable it was for expectant parents to have the opportunity of receiving instruction in preparation for this domestic rubicon. It was therefore gratifying that during 1966 a weekly class at Warndon Clinic was added to those

already being held at The Tything Nursing Institute and at Powell's Row, St. John's. These classes included instruction in relaxation and breath control by the two physiotherapists, Mrs. Perry-Keen and Mrs. Edwards, as well as talks and demonstrations on the care of the young baby and toddler. Occasional films are shown to which the prospective fathers are invited.

During 1966, 218 mothers made 1,343 attendances compared with 192 mothers making 1,840 attendances in 1965. The apparent discrepancy in the number of attendances is due entirely to the fact that the course at The Tything Nursing Institute has been streamlined, so that instead of separate classes being held for relaxation and for mothercraft, both aspects of the subject are dealt with at the same class.

(c) Care of the Unmarried Mother.

I am indebted to Miss Margaret Grundy, Social Worker for the Worcester Diocesan Association for Family and Social Service, for the following report which shows a modest decrease in the number of cases referred for help and a pleasing diminution in the illegitimate maternity cases. Admissions to Mother and Baby Homes were also down, a circumstance gratifying to both moralist and ratepayer.

“ Report for 1966 (1965 figures shown in brackets)

79 (82) cases from the City of Worcester referred for help

48 (59) of these were illegitimate maternity cases.

10 (14) girls admitted to Mother and Baby Homes, grants being received from the Health Committee.

The Foster Parent evening held on the 19th October, 1966, was very well supported. Our thanks are due to Dr. Barnardo's Homes for supplying the film ‘None Came Running’.”

(d) Dental Care of Expectant Mothers and Young Children.

Mr. E. R. Dowland, Principal Dental Officer, reports as follows:

“ Seventeen mothers were inspected during the year. Sixteen required and accepted treatment at the clinic.

“ The majority of treatment was of a conservative nature in mouths that had been well cared for. The total number of fillings was 25.

“The extraction figure was low and only one patient was supplied with full upper and lower dentures and two with a total of three partial dentures.

“Forty-four infants were inspected. Thirty-one required treatment and twenty-nine accepted. A large proportion of these patients required surgical treatment and there is no doubt that the incidence of pain had precipitated the inspection. 110 deciduous teeth were extracted and only 10 filled.

“It is interesting to note that 30% of the children inspected were clear of dental lesions and that the mothers were giving them a pleasant introduction to dentistry.”

(e) Family Planning—“There’s luck in odd numbers,” says Rory o’ More.—Samuel Lover.

At the beginning of the year the Family Planning Service in Worcester consisted of two sessions held by the local authority and three sessions held by the Family Planning Association. The latter was allowed free use of the Tything Clinic and later in the year office accommodation at Perryfields was placed at the disposal of their administrative staff.

On receipt of Ministry of Health Circular 5/66 the number of local authority sessions was increased to three. In the main our clinics cater for those women to whom pregnancy would be detrimental to health and therefore no charge is made for treatment or supplies. A follow-up service is provided by the health visitors who also carry out a certain amount of health education propaganda in this field.

The Health Committee also agreed that in future they will be financially responsible for advertising Family Planning Association clinics and to pay the Association a grant as well as continuing to allow free use of the Tything Clinic and the office at Perryfields.

Since the Worcester clinics of the Family Planning Association are also used by a considerable number of County patients, the Worcestershire Health Committee has very kindly undertaken to share the costs of the above on a proportionate basis

(f) Child Welfare Clinics.

The new child welfare clinic at Claines is due for completion in 1967, which will then give us three purpose built premises, and to these can be added the three older clinics already in

possession of the local authority. Church halls are being used at Ronkswood, Dines Green, Claines and Cherry Orchard.

There were 3,014 attendances in 1966, a figure slightly in advance of the previous year.

(g) Welfare Foods.

During 1965 and 1966 the following quantities of welfare foods were bought by the public.

| | 1965 | 1966 |
|--------------------------------------|--------|--------|
| National Dried Milk (Full Cream) ... | 19,062 | 17,278 |
| National Dried Milk (Half Cream) ... | 65 | 74 |
| Cod Liver Oil Bottles ... | 986 | 972 |
| Vitamins A and D Packets ... | 1,243 | 1,120 |
| Orange Juice Bottles ... | 15,577 | 17,707 |

(h) National Society for the Prevention of Cruelty to Children.

I should like to thank the Worcester and Mid-Worcestershire Branch of the N.S.P.C.C. and their inspector, Mr. William Andrews, for the help given to the Department during the year and for their concern and solicitude in the care of the more unfortunate children in this area. Indeed their loyal co-operation in this field is unique.

(i) Daily Minding Service.

The care of children under five years of age is provided by a daily minding service where the parents' circumstances are such as to necessitate this assistance. Apart from a charge for meals and articles the service is free to parents of priority cases who are mostly widows, single women or those whose husbands are incapacitated by illness. The children stay with private individuals whose premises and personal suitability are approved by the Council and registered under the appropriate Act. To date this service has worked quite well and we allocate places among 9 daily minders. During 1966, 26 children were placed with child minders as priority cases, an increase of 7 on the previous year.

(j) Assessment of Very Young Children.

Dr. Moira Allington and Dr. Douglas Snell have attended the appropriate courses and are now experienced in assessing very young children using the Ruth Griffiths Scale. Children up to two years of age can be tested by this method, its value being that an assessment of the level of the child's attainments

in all aspects of his development can be made. This is helpful in giving an indication of the child's future abilities, but it is also of great assistance in diagnosing existing defects, such as deafness, spasticity, mental retardation, etc.

Cases are referred by the Health Department staff or by the hospital, while a number are selected from the At Risk Register. During the year 12 children were tested. Of these, four were found to be severely subnormal, one was of definitely retarded intelligence, while one other was found to be an autistic child.

(k) Congenital Abnormalities.

36 children with congenital defects were recorded in 1966 and notified to the Ministry of Health for inclusion in that year's statistics. The following table shows a list of those defects graded according to the official classification.

Central Nervous System

| | | | | | | | |
|------------------------------|-----|-----|-----|-----|-----|-----|---|
| Anencephalus | ... | ... | ... | ... | ... | ... | 5 |
| Hydrocephalus | ... | ... | ... | ... | ... | ... | 1 |
| Spina Bifida | ... | ... | ... | ... | ... | ... | 5 |
| Other defects of spinal cord | ... | ... | ... | ... | ... | ... | 1 |

Eye, Ear

| | | | | | | | |
|----------------------|-----|-----|-----|-----|-----|-----|---|
| Other defects of ear | ... | ... | ... | ... | ... | ... | 1 |
|----------------------|-----|-----|-----|-----|-----|-----|---|

Alimentary System

| | | | | | | | |
|--------------|-----|-----|-----|-----|-----|-----|---|
| Cleft Lip | ... | ... | ... | ... | ... | ... | 2 |
| Cleft Palate | ... | ... | ... | ... | ... | ... | 1 |
| Anal atresia | ... | ... | ... | ... | ... | ... | 1 |

Heart and Great Vessels

| | | | | | | | |
|--------------------------|-----|-----|-----|-----|-----|-----|---|
| Congenital heart disease | ... | ... | ... | ... | ... | ... | 1 |
|--------------------------|-----|-----|-----|-----|-----|-----|---|

Uro-Genital System

| | | | | | | | |
|-------------------|-----|-----|-----|-----|-----|-----|---|
| Hyposadias | ... | ... | ... | ... | ... | ... | 1 |
| Indeterminate sex | ... | ... | ... | ... | ... | ... | 3 |

Limbs

| | | | | | | | |
|------------------------|-----|-----|-----|-----|-----|-----|----|
| Dislocation of hip | ... | ... | ... | ... | ... | ... | 2 |
| Talipes | ... | ... | ... | ... | ... | ... | 10 |
| Defects of lower limbs | ... | ... | ... | ... | ... | ... | 5 |

Other Systems

| | | | | | | | |
|------------|-----|-----|-----|-----|-----|-----|---|
| Exomphalos | ... | ... | ... | ... | ... | ... | 1 |
|------------|-----|-----|-----|-----|-----|-----|---|

Other Malformations

| | | | | | | | |
|------------------------|-----|-----|-----|-----|-----|-----|---|
| Papyraceous | ... | ... | ... | ... | ... | ... | 1 |
| Multiple malformations | ... | ... | ... | ... | ... | ... | 1 |

Of the above abnormalities two occurred in three children and four in one child.

Circular 1/67.

The Minister has requested information with regard to the progress of the scheme of notification to Medical Officers of Health of congenital defects apparent at birth. By and large the scheme has worked reasonably well and the necessary information is being obtained without difficulty.

(l) At Risk Register.

Children who by reason of their family or birth history might be more likely to develop some form of defect or handicap in later years, are placed on the At Risk Register and examined at six months and again at two years. In the main this examination consists of a simple test of hearing carried out by the health visitors, but this occasion also serves as a useful pretext to ensure that the child is making normal progress in every field.

During 1966, 299 children were tested at six months of age and of these 13 were referred for further investigation.

Testing of two year old children was carried out in the home as it is often difficult to get parents to bring children of this age to a special session. Furthermore children of this age react better in familiar surroundings and away from the distractions of a clinic.

(m) Phenylketonuria.

The number of tests in 1966 was 2,474, all of which were found to be negative.

SECTION 23—Domiciliary Midwifery.

Fewer mothers were delivered in their own homes this year, the total being 240 compared with 254 in 1965. On the other hand 386 mothers and their babies were discharged from hospital before the end of the lying-in period and were looked after for the rest of this time by the district midwives. Most of these patients discharged from hospital before the tenth day are ones who for medical or obstetrical reasons are best confined in hospital but whose home conditions are adequate enough to make early discharge acceptable. The home is investigated by the district midwives during the ante-natal period so that the information is available at an early stage to the hospital staff.

| PREMATURE LIVE BIRTHS | | | | | | | | | | | | | | | PREMATURE STILLBIRTHS |
|--|------------------|-----------------------|------------------------|-----------------------------------|--------------|-----------------------|---|--------------------------|--------------|-----------------------|------------------------|-------------|------------------------------|------|-----------------------|
| | Born in hospital | | | Born at home or in a nursing home | | | Transferred to hospital on or before 28th day | | | Born | | | | | |
| | Total births | Died | | | Total births | Died | | | Total births | Died | | in hospital | at home or in a nursing home | | |
| within 24 hours of birth | | in 1 and under 7 days | in 7 and under 28 days | within 24 hours of birth | | in 1 and under 7 days | in 7 and under 28 days | within 24 hours of birth | | in 1 and under 7 days | in 7 and under 28 days | | | | |
| Weight at birth | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | |
| 2lb. 3oz. or less | 4 | 3 | 1 | — | — | — | — | — | — | — | — | — | 5 | — | |
| Over 2lb. 3oz. up to and including 3lb. 4oz. .. | 4 | — | 1 | 1 | — | — | — | — | — | — | — | — | 4 | — | |
| Over 3lb. 4oz. up to and including 4lb. 6oz. .. | 19 | 4 | 2 | — | — | — | — | — | — | — | — | — | 3 | — | |
| Over 4lb. 6oz. up to and including 4lb. 15oz. .. | 22 | 1 | — | 1 | — | — | — | — | — | — | — | — | 6 | — | |
| Over 4lb. 15oz. up to and including 5lb. 8oz. .. | 27 | — | — | — | 4 | — | 1 | — | 1 | — | — | — | 2 | — | |
| Total | 76 | 8 | 4 | 2 | 4 | — | 1 | — | 1 | — | — | — | 20 | — | |

Worcester is fortunate in having not only a progressive obstetrical unit at Ronkswood Hospital, but also a general practitioner maternity home in Shrub Hill Hospital which is much in demand. Co-operation between the three parts of the maternity service is very close and I should like to thank those in hospital and general practice for all they have done during the year to ensure that the system works smoothly and effectively.

It is also of interest that the district midwives were able to give help to Shrub Hill Maternity Unit for a short period during which the Unit was suffering from staff shortage due to the nationwide scarcity of midwives. Instances of this nature are not uncommon throughout the country and those who advocate an exclusively hospital midwifery service might well debate the proportion of district midwives who would be prepared to return to work in a maternity ward on a permanent basis. My own impression is that the number would be much less than anticipated.

Nine pupil midwives completed their course of training and all passed the examination of the Central Midwives Board at the first attempt. Two of these newly qualified midwives have now returned to their homes in Australia. We are indeed fortunate in having a training school which has ensured this authority a regular supply of midwives so that the prevailing shortages have not affected us to date.

SECTION 24—Health Visiting.

I always think that health visitors have the most difficult and exacting role of any in the nursing profession. For one thing their duties are primarily concerned with the giving of advice and if there is something which people tend to resent or disregard it is good advice. Bad advice on the other hand is accepted almost automatically and those who tender it viewed subsequently with affection and respect. Furthermore the health visitor with her wide knowledge of medical and social conditions does occasionally find herself at a disadvantage compared with some of the newcomers in her field of work, whose expertise in social matters may be differently orientated and whose assessment of cases is to some extent influenced by lack of a medical background. How much these factors are responsible for the present shortage of health visitors is a matter of surmise but it is certainly apparent that in recent years their public and official status has declined, although this attitude does not apply

to colleagues privileged to see how hard and conscientiously they work. Indeed the shortage of health visitors has re-emphasised their enormous value to the health service and one can only hope that those who plan the social services in such seraphic detachment will realise the urgency of maintaining health visiting at full strength.

These remarks are probably dictated by the fact that during a large part of 1966 we were considerably below establishment, a situation which is only now being remedied. Despite this disadvantage which was to some extent mitigated by the ready help given by the district nurses, we completed our scheme of attachment of health visitors to medical practices and virtually all the general practices in the City have now health visitors seconded to them. These arrangements are working well on a pragmatic basis, if one might suitably use the politician's favourite phrase in such a context. As far as possible no rigid scheme of attachment is pursued but doctors and health visitor being left to work out the frequency of attendance at the surgery, meetings with doctors, etc., according to their mutual wishes. It is pleasant to record the very appreciative and willing manner in which general practitioners in Worcester have joined in this scheme recognising that they cannot expect the degree of help to which they are entitled until we have a full complement of health visitors.

Miss Olive Keywood, Principal Nursing Officer, reports:

"At the beginning of January, 1966, Miss P. M. Downing joined the staff of the Health Department as Deputy Principal Nursing Officer. She has taken special responsibility for the day to day administration of the health visiting service and everyone concerned has greatly appreciated her cheerful personality and her very efficient work.

"In the summer we were sorry to say good-bye to Miss Millard and Miss Hannon who left to take up appointments with other authorities. The staff was further depleted by the resignation of Mrs. A. Tummey, and by the protracted illnesses of Mrs. Holmes and Mrs. Sandles. A tremendous strain was, of course, then placed upon the rest of the staff who responded most courageously to the almost impossible demands made upon them.

"In September two student health visitors started the year's course of training at the North Gloucestershire Technical College at Cheltenham. On completion of their studies they will join the health visiting staff of the City.

“ Student nurses from the Worcester hospitals have been shown various aspects of the health visitors’ work and have been given talks on the subject. A talk on Health Visiting, District Nursing and Midwifery has also been given to the students at the Worcester College of Education. Students with a particular interest in these subjects have attended our clinics and have accompanied members of the nursing staff on their domiciliary visits.

“ Miss Downing, Deputy Principal Nursing Officer, attended the Annual Conference of the Health Visitors’ Association and I attended the Annual Conference of the Association for Maternal and Child Welfare. We are both very appreciative of the opportunities thus given to us to keep in touch with modern developments in the health visiting field.”

SECTION 25—Home Nursing.

(a) Miss Olive Keywood, Principal Nursing Officer, reports:

“ The call upon the Home Nursing Service continues to increase. In 1966 51,132 visits were paid to a total of 1,187 patients. The visits paid showed an increase of some 12% over 1965, the proportion to patients over the age of 65 remaining constant at about 75%.

“ Regular visits have continued to the residents in the Almshouses, and this scheme of visiting is being gradually extended to include those living in the old people’s flats on the various housing estates.

“ Once again we are deeply appreciative of the help given by the Marie Curie Memorial Foundation. The funds which this voluntary body places at our disposal enables a certain amount of private nursing to be given to very ill cancer patients in order to relieve their relatives of some of the intolerable burden of caring for them by night as well as by day. These funds also enable extra fuel and nourishment to be given to these patients in necessitous cases.

“ The care of patients suffering from multiple sclerosis also places a heavy burden upon friends and relatives. Through the generosity of the Multiple Sclerosis Society we hope next year to be able to give extra nursing care to sufferers from this distressing condition. A scheme of this nature financed by the Society is now being planned.

"We now have district nurses allocated to three groups of general practitioners. These schemes of allocation give greater co-operation between the general practitioners and district nurses and do, we sincerely believe, result in a better service to the patient. The district nurses concerned find it a very happy arrangement.

"During 1966 we were very happy to welcome to our staff two state enrolled nurses, making a total of three nurses with this qualification. The training of the state enrolled nurse is less theoretical than that of the state registered nurse. Great emphasis is placed upon practical bedside nursing. This means that state enrolled nurses are peculiarly suited to district work and we are finding their services a great help in caring for the aged and chronically sick.

"Twelve state registered nurses completed the course of training for the National Certificate in District Nursing and the certificate of the Queen's Institute of District Nursing. Seven of these nurses remained on our staff and four returned to the other Local Authorities who had sponsored their training. The other candidate was a very charming lady from Uganda. She was sponsored by the Ugandan Government and is now nursing in her own country once again.

"Talks were given to the student and pupil nurses from the Worcester hospitals and they also spent half a day observing the work of the district nurse.

"In February we said good-bye to two of our staff. Miss June Salisbury and Miss Rose Betts left us to take up appointments in Australia. We have had many letters and postcards from them and they seem to be having a very interesting and enjoyable time 'down under'."

(b) Incontinence Pads and Pants Service.

The demand for pads to protect the beds of incontinent patients continued to increase. Approximately 10,000 pads were issued compared with about 7,000 in 1965.

In August, 1966, the Ministry of Health recommended that protective clothing in the form of waterproof pants with disposable linings be made available for people who, although not confined to their beds, are incontinent by day. By the end of the year approximately twenty people had availed of this service. A considerable amount of storage space is essential if

incontinence pads and pants are to be ordered in economical quantities and it is indeed fortunate that the spacious basement of the Tything Nursing Institute is available for this purpose.

(c) Loan of Nursing Comforts.

716 articles of nursing equipment were loaned to patients during 1966 compared with 750 in 1965. This is in addition to the beds and mattresses which through the generosity of the people of Worcester, we have been able to give to those in need. In this context I should also like to thank the Editor and staff of the Worcester Evening News who have always published our pleas for help and ensured thereby the most generous response.

Two new types of equipment have been added to our loan stock. Collapsible cot sides which can be attached to a normal bed have proved of great help in the care of restless patients. Alternating pressure mattresses (usually known by the name of Ripple beds) are now available for the use of patients with incipient pressure sores. A recent survey undertaken in one of the London hospitals has indicated that alternating pressure mattresses are probably the best method by which helpless patients can be saved the misery of pressure sores, and we are very glad that this equipment is now available for patients who are being cared for at home.

SECTION 26—Vaccination and Immunisation.

Vaccination and immunisation are offered against smallpox, poliomyelitis, diphtheria, whooping cough and tetanus. Where the last three diseases are concerned, triple antigen giving protection against all three in each single injection is used. Our percentage figures in comparison with the national average are quoted below.

| | Children born in 1966 | | | Smallpox (Children under 2) (4) |
|--------------------|--------------------------|-------------------|----------------------|--|
| | Whooping Cough (1) | Diphtheria (2) | Poliomyelitis (3) | |
| England and Wales | 72 | 73 | 68 | 38 |
| Worcester C.B. ... | 83 | 84 | 87 | 58 |

Record of Immunisations and Vaccinations carried out during the year 1966:

| Number of children who completed a primary course against:— | Year of Birth | | | | | Others under age 16 | Total |
|---|---------------|------|------|------|---------|---------------------|-------|
| | 1966 | 1965 | 1964 | 1963 | 1959-62 | | |
| Diphtheria | 502 | 566 | 34 | 20 | 163 | 70 | 1,355 |
| Whooping Cough ... | 501 | 558 | 31 | 13 | 20 | 3 | 1,126 |
| Tetanus | 502 | 566 | 35 | 19 | 169 | 124 | 1,415 |
| Poliomyelitis | 477 | 619 | 61 | 37 | 193 | 88 | 1,475 |
| Number of children who received a reinforcing dose against— | | | | | | | |
| Diphtheria | — | 333 | 607 | 47 | 873 | 614 | 2,474 |
| Whooping Cough ... | — | 329 | 602 | 46 | 222 | 25 | 1,224 |
| Tetanus | — | 332 | 606 | 47 | 868 | 529 | 2,382 |
| Poliomyelitis | — | 300 | 98 | 17 | 834 | 191 | 1,440 |

Diphtheria

I am pleased to report that while the number of children who completed the primary course remained virtually unchanged, there has been an increase in the numbers receiving a booster injection. Primary immunisation against diphtheria is mainly by triple antigen (diphtheria, whooping cough and tetanus). This course is started when the baby is two months old, booster doses being given at 18 months, 5 years and again at 8 years, the last two being diphtheria and tetanus only.

Whooping Cough

Compared with last year there has been an increase in completed primary courses, 1,126 against 1,078, and also in boosters, 1,224 against 1,071. However, our overall rates are down due to the increase in population.

Poliomyelitis

The number of children completing a primary course fell this year from 1,758 to 1,475, while those receiving a booster rose from 869 to 1,440.

Smallpox :

| Age at date of vaccination | Number of persons vaccinated (or re-vaccinated) during the year ended 31st December, 1966 | |
|----------------------------|---|---------------------|
| | Number vaccinated | Number revaccinated |
| 0 to 3 months | 39 | — |
| 3 to 6 months | 15 | — |
| 6 to 9 months | 12 | — |
| 9 to 12 months | 18 | — |
| 1 year | 639 | — |
| 2 to 4 | 109 | 6 |
| 5 to 15 | 32 | 317 |
| Total | 864 | 323 |

B.C.G. :

B.C.G. Vaccination supplied under Section 28 of the National Health Service Act, is also carried out and it is perhaps more appropriate to include the results of this with the other forms of immunisation in this particular section. Appropriate statistics are quoted below.

Return for the year ended 31st December, 1966

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS (Circular 19/64)

| | | | | | |
|--------------------------|-----|-----|-----|-----|----|
| (i) No. skin tested ... | ... | ... | ... | ... | 85 |
| (ii) No. found positive | ... | ... | ... | ... | 18 |
| (iii) No. found negative | ... | ... | ... | ... | 67 |
| (iv) No. vaccinated ... | ... | ... | ... | ... | 37 |

The relatively small number of negative contacts vaccinated was due to the fact that several cases were skin tested twice and that some 14 contacts of one case, all of whom were Heaf tested, were eventually advised by the Chest Physician that B.C.G. vaccination was unnecessary.

B. SCHOOL CHILDREN AND STUDENTS (Circular 19/64)

| | | | | | |
|--------------------------|-----|-----|-----|-----|-------|
| (i) No. skin tested ... | ... | ... | ... | ... | 1,099 |
| (ii) No. found positive | ... | ... | ... | ... | 135 |
| (iii) No. found negative | ... | ... | ... | ... | 920 |
| (iv) No. vaccinated ... | ... | ... | ... | ... | 910 |

SECTION 27—Ambulance Service.

The Worcester City and District Voluntary Ambulance Service is responsible for this work under an agency agreement with the City Council. Based on the new ambulance station built in 1958 as a joint undertaking of City and County, the service covers the southern part of the County as well as the entire City area. Its ability to function efficiently at a very economic level is due to generous support by volunteer members of the St. John Ambulance Brigade and the British Red Cross Society who give valuable and effective help mainly in the evenings and weekend periods.

Mr. G. C. Hutchison, Ambulance Officer, reports :

“As will be seen by the statistics below, there has been an overall increase of patients conveyed of about 20% during 1966. The main factor for this was due to the increased number of sitting cases transported to and from the hospitals in the area; of these the main contributing factor was the increase of day patients to the hospitals. The bulk of this additional work fell on the ambulances, showing an increase of 36.5%.

“It is with regret that I must report an increase of 17% in emergency cases. Last year's slight drop in numbers was not maintained.

“In April, 1966, the Ambulance Service became responsible for the movement of infectious disease cases to and from Newtown Hospital and on the 1st November, 1966, in order to combine car and ambulance cases to effect economy of transport, also undertook the management of the Hospital Car Service.

Vehicles :

“To meet this increased demand for ambulance transport the Committee have, of necessity, made adjustments to the fleet which now comprises the following:

- 7 Stretcher/Sitting Case Ambulances;
- 1 Sitting/Stretcher Case Ambulance;
- 1 Sitting Case Ambulance;
- 1 Single Stretcher Long Distance Ambulance.

“During 1966 one Stretcher/Sitting Case Ambulance was replaced and one additional ambulance in this category was purchased. Also, one long distance ambulance was acquired to meet the needs of patients travelling long distances.

Staff :

“In order to meet the manning deficiencies created by the reduction of working hours per week, the Committee increased the staff by two full-time ambulance drivers/attendants. Although this action enabled the Station manning to be maintained, the increased work which could not be anticipated has created difficult periods for which the resources have had to be stretched to the utmost limit.

Training:

“In accordance with the recommendation of the Ministry, the full-time ambulance personnel attended training held in conjunction with the County Ambulance Service. The following subjects were taken—Early Diagnosis and Treatment, Emergency Procedure on Motorways, Radio Telephone Procedure and Standard First Aid.”

Cases undertaken during the year (last year's figures in brackets)

| | | | |
|-----------------------------------|--------|--------|----------|
| Accident or Emergency Cases | ... | 1,330 | (1,136) |
| Others | ... .. | 24,597 | (17,853) |
| | | <hr/> | <hr/> |
| | | 25,927 | (18,989) |
| | | <hr/> | <hr/> |
| Sitting Cases | ... .. | 19,195 | (13,075) |
| Stretcher Cases | ... .. | 6,732 | (5,914) |
| Journeys | ... .. | 8,597 | (6,702) |
| Total Mileage (including residue) | ... | 82,066 | (66,600) |
| Average miles per patient | ... .. | 3.16 | (3.50) |

(a) Infectious Patients.

Until this year the transport of infectious patients was carried out by an ambulance based at Newtown Hospital which bore uncomplainingly and quite literally the venerable rust of antiquity. Its demise in April, 1966, brought an end to this service as infectious disease cases will in future be dealt with by the regular Ambulance Service. The stationing of an ambulance at Newtown Hospital was one of our last links with those mythical days when Newtown Hospital belonged to the City of Worcester and infectious disease of unimaginable complexity and virulence stormed naked through the land. During the year, 447 journeys were made covering a distance of 1,652 miles. Over 800 cases were involved.

(b) Transport of Chiropody Patients.

| | | |
|-----------------------|--------|-------|
| Total persons carried | ... .. | 383 |
| Mileage | ... .. | 2,520 |

(c) Hospital Car Service.

Since its inception the Hospital Car Service was organised at the Worcester Royal Infirmary where for many years it has been administered by Mr. E. M. Steffans. During the year it was transferred to the County Ambulance Control in the interests of centralisation and I should like to thank Mr. Steffans and his staff for the excellent service they have given to Worcester patients. During the year 1,324 patients were carried over a distance of 18,600 miles at a cost of £730 6s. 5d.

SECTION 28—Prevention of Illness, Care and After Care.

(a) Prevention of Deafness

We have now maintained an At Risk Register for some seven years and at the end of the year there were 824 names on it. The hearing of these children is tested at six months and again at two years. Those who fail the tests are re-examined by the School Medical Officer and the Peripatetic Teacher of the Deaf and if a hearing loss is confirmed, the last referral is to the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary.

Statistics of At Risk Register are :

824 Children under the age of two years on At Risk Register on 31.12.66.

30 Hearing Sessions were held.

299 Children were tested at six months, 13 being retested as the first test was not satisfactory.

64 Children on the At Risk Register failed to keep two appointments for testing at six months.

Last year 56 hearing testing sessions were held so that this year's figure of 30 suggests that there has been a considerable diminution in this work. However, this is not really so since the children aged two years have been tested in their own homes by the health visitors. We find that parents have been reluctant to bring children of this age to a special session and furthermore children reacted better in the familiar surroundings of their own home away from the distractions of an unknown clinic.

I should like to thank Mr. T. S. Stewart and Mr. I. W. McGregor, Consultant E.N.T. Surgeons at the Worcester Royal Infirmary, for their co-operation and help in this work.

(b) Prevention of Tuberculosis

Notifications and Deaths :

| <i>Year</i> | | <i>Respiratory</i> | | <i>Non Respiratory</i> | |
|-------------|-----|----------------------|---------------|------------------------|---------------|
| | | <i>Notifications</i> | <i>Deaths</i> | <i>Notifications</i> | <i>Deaths</i> |
| 1957 | ... | 52 | 7 | 4 | 0 |
| 1958 | ... | 29 | 1 | 6 | 2 |
| 1959 | ... | 35 | 5 | 5 | 0 |
| 1960 | ... | 33 | 9 | 1 | 0 |
| 1961 | ... | 22 | 6 | 1 | 1 |
| 1962 | ... | 33 | 7 | 2 | 0 |
| 1963 | ... | 15 | 6 | 2 | 0 |
| 1964 | ... | 20 | 5 | 2 | 0 |
| 1965 | ... | 15 | 5 | 1 | 0 |
| 1966 | ... | 20 | 4 | 3 | 0 |

Notifications of deaths from respiratory tuberculosis are now at their lowest level. It is gratifying to see that this year a further decrease took place. However, we still get approximately the same number of notifications and in this context it is worth mentioning that one of these relate to a girl suffering from open tuberculosis who was a pupil at one of the secondary schools. The source of infection was not discovered but to prevent any possible spread of the disease a considerable investigation of contacts was undertaken. In all, 72 pupils were Heaf tested and of these 57 had previously received B.C.G. vaccination. There was only one Heaf negative amongst those with a prior vaccination but 13 of the remainder gave a negative reaction. All these girls were X-rayed by the Coventry M.M.R. Unit, as were members of teaching staff, kitchen staff and a local youth club. All proved to have satisfactory X-rays.

After Care :

At the end of the year 13 patients were being supplied with free milk, and clothing and bedding have been made available as necessary.

(c) Convalescence

There was continuing demand for convalescence during the year and 19 adults, five of whom were mothers accompanied by their children, were sent away for a period of two weeks convalescence. As a result it was necessary to ask the Council

in September for an excess expenditure of £350. The demand in the current year remains high. More and more general practitioners are asking for this facility on behalf of their patients and this is only to be expected. Old people who have little to look forward to receive a mental and physical uplift which makes the monotony of their days more bearable, while those exposed to considerable emotional stress are grateful for a break from the torture chamber. Convalescence is indeed a useful weapon in the preventive armamentarium apart from its original function of returning the sick to normal health. It may forestall a breakdown not only of an individual but also of a family.

(d) Health Education

Dr. Douglas Snell undertakes the supervision of health educational activities amongst our staff and reports as follows:

“With the absence of one Medical Officer for part of the year it was not possible for me to plan a series of talks in schools as in previous years. However, Miss Downing, Deputy Principal Nursing Officer, who assisted me on Health Education throughout the year was able to take a major part in planned courses in two of our Secondary Modern Schools. Her subjects included Anatomy, Physiology, Hygiene and reproduction. Other outside lecturers at these courses included a clergyman and a marriage guidance counsellor.

“Special courses on health educational subjects in schools depend on the initiative of head teachers and space has to be found in a busy curriculum. From past experience I know that in developing countries the daily time tables include subjects concerned with the science and art of healthy living. These are given by the class teachers and do not depend on occasional visits from specialists, welcome as these are. In this country it seems that space for such topics has to be found under the headings of ‘Human Biology’ or ‘Current Affairs.’ If the school leaving age is to be raised for all pupils, extra time must surely be found for a subject that concerns everyone at all stages of life.

“Apart from schools an increasing number of requests are received for occasional talks from Youth Clubs and Women’s Organisations. All these were met by Miss Downing, myself or other members of the Department.

“A series of displays concerning child health have been mounted at our clinics as well as in the glass cabinet facing Trinity Street. Subjects covered have included: diet, habit training, cleanliness, teeth, personal relationships and toys. Leaflets and booklets are distributed to those wanting more information.

“Early in the year I was invited to join a weekend conference for secondary school children from City and County held at the Cropthorne Conference Centre. I was involved in leading a discussion on relations between the sexes and with the title ‘Boy Meets Girl.’

“Such occasional talks as were given on the dangers of cigarette smoking were interesting in two ways. Although naturally reticent about their own smoking habits, young people in school by a show of hands, suggested that an increasing number of parents who used to be smokers, have given it up. This is particularly so in the case of parents of children at Grammar Schools. The second point of interest was the way in which staff and children see a relationship between cigarette smoking, alcoholism and drug addiction. The latter subject is now being so widely discussed in the papers and on television that it will call for intelligent treatment in secondary schools in the future.

“Assistance of the bodies concerned with the teaching and practice of First Aid has been given on the same scale as in previous years and for the third year running a course of lectures on the Hygiene of Food Retailing and Catering was given to a large class at the Technical College.

“Posters and leaflets on health matters continued to be displayed and distributed at the Department’s children’s clinics, the School Clinic in Friar Street and at the schools. One is pleased to note that an increasing number of individuals, schools and industrial establishments are asking for information and display material on health matters.”

(e) Family Care

Problem families continue to incite a necessary, but perhaps disproportionate amount of attention from services concerned with their welfare. The health visitors do a great deal to maintain these families in the community and work closely with the Child Care Officers to this effect. My own impression is that where the mother is lacking, a great deal can be achieved by patient, assiduous advice in restoring the family to a normal way of life. Unfortunately when the husband is at fault this is not so easy. Very often he is a man of psychopathic personality with no sense of involvement in the family worries and with that very patrician attitude to the dignity of human labour which approves it most in others. As he generally lacks any real sense of care and affection for his family and all too often keeps most of the money coming in for beer and cigarettes, it is small wonder that his wife and children live at a more or less

subsistence level and have neither the energy nor the inclination to improve themselves.

Some experts are critical of the time and care devoted to these people, but there is really no alternative as it would be doubly unjust if the children raised in these unfortunate circumstances were to be neglected by the community not of their own fault but because of their parents' inadequacies. Perhaps the greatest tragedy is that unless the inordinant needs of problem families are met by the generosity in time, effort and facilities that must seem unfair to more hard-working but still needy families, their children never acquire a real social sense and when they grow up become in turn progenitors of problem families.

(f) Meals on Wheels

This service is now undertaken by the Welfare Committee, the meals being prepared at Hillborough and delivered throughout the town by the Women's Royal Voluntary Service. Many old people become increasingly disinterested in food, particularly in its preparation, and eventually subsist on those comestibles which require the least effort in cooking. Finally they arrive at a stage where tea, bread and butter, cold meats and tinned food comprise their main diet. The serving of a hot meal twice a week by an outside agency is very acceptable to them and a real contribution to their health and welfare.

(g) Chiropody Service

Our chiropody service caters for the priority classes, to wit, the elderly, physically handicapped and expectant mothers. There is a concurrent scheme for preventive chiropody in school children. Treatment is available at a clinic in the Health Department on an appointment basis and five sessions are held there weekly, the patients being referred by general practitioners or local authority doctors. Transport is provided by the Hospital Car Service when necessary and those who are housebound can have home treatment. A certain number of patients are treated at the chiropodists' private surgeries. Clinical treatments totalled 1,986 and surgery treatments 355.

We are fortunate in having three fully qualified chiropodists working on a sessional basis. I should like to thank them for the excellent work they have done during the year and also Mr. Steffans, Secretary of the Worcester Royal Infirmary, who until

December administered the Hospital Car Service and who has helped us so much in the transport of the less mobile patient.

| | 1964 | 1965 | 1966 |
|-----------------------------------|-------|-------|-------|
| No. of patients | 465 | 533 | 566 |
| No of treatments | 1,687 | 2,014 | 2,363 |
| No. of domiciliary treatments ... | 626 | 695 | 1,022 |
| Treatments to children | | 856 | 645 |

(h) Cervical Cytology

At the beginning of the year following negotiations between Hospital, County and City officers, a cervical cytology clinic catering for women between the ages of 25 and 60 years, was started in Worcester. It was decided that the work of this clinic would embody not only a cervical smear investigation but also a urine test, pelvic examination and at a later date examination of the breasts. The clinic which would be held three times a week would be a joint County and City venture, while Dr. Margaret Bartholomew, selected to run the clinic, had the somewhat unenviable distinction of being employed not only by the two local authorities, but by the Hospital Management Committee as well. The clinic proved successful, attendance during the year was high and towards the end it was necessary to have a fourth session.

Dr. Bartholomew reports as follows:

“During our first year, 1966, 2,960 smears were taken and 14 of these were positive, that is the equivalent of five positives per 1,000 patients which approximates to figures quoted throughout the country. The youngest patient in this group of positives was aged 29 and the eldest 55, the majority being women of between 35 and 45 years of age, all of whom had had at least one pregnancy. Eight of the 14 cases were confirmed histologically as having carcinoma-in-situ, and in one of these there was evidence of very early invasion.

“Although visual exploration of the cervix is not very helpful in the diagnosis of carcinoma and indeed may be misleading, it is an important means of discovering other gynaecological complaints. The frequency of incidental findings emphasises this as over 300 women, viz. 1 in 10 of those attending, were referred to their family doctor from the clinic during the year. Of these 4 per cent were found to have polyps, over 3 per cent had a Trichomonas infection and 1.4 per cent required repeat smears for abnormal nuclear activity.

“One rather disturbing factor is the type of woman who attends. Only a proportion of those eligible avail themselves of the facilities provided and those that do so are mainly of the higher social classes who are less at risk. The section of the community whom we are most anxious to help are those whose housing and social circumstances are bad, particularly if they are lacking in education and indifferent of hygiene. It has been shown that this section of the community is most prone to carcinoma of the cervix.”

Dr. Bartholomew also notes that in her experience many women seek reassurance and advice through the cytology clinic for symptoms and difficulties about which they had previously felt unable to consult their doctor. Many come rather unwillingly to take advantage of a service that common sense shows it would be foolish to ignore. Many confess to being nervous on attending although they may afterwards breathe a sigh of relief and confess that it was not nearly so bad as expected. It may be seen, therefore, that many women fear coming for a smear test but dread the consequences of neglect far more. If a satisfactory negative report is returned to them they are greatly reassured and feel their effort has been well worth while. The difficulty is that those who are asked to return for a repeat test are immediately convinced of the worst even though it is made clear that a second attendance is sometimes necessary for technical reasons. It is difficult to persuade patients that a repeat smear is really a safeguard, particularly when human nature always inclines to the worst possible interpretation of such a situation.

We have tried to run this service with the concept of the family doctor and his patient foremost in our minds, and to reassure and give confidence to those attending. Careful and simple explanations are given when required and the family doctor is kept fully informed. I think that there are few who would not agree that population screening of this type is a desirable thing. Cytology for the healthy and apparently healthy provides the means of either informing a woman that she has nothing to worry about or alternatively diagnosing cancer at an early, curable stage, or even to forecast that such a condition might arise at a later date.

It is, of course, a fairly massive undertaking as it imposes considerable extra work on the Pathological Laboratory Service, the family doctor and the Gynæcology Department. The clerical work is complicated and prolonged, and the doctors and nurses involved must have adequate reserves of patience and tact.

To summarise our work statistically:

2,960 patients had smears taken,

14 patients had positive smears

Of these 14:

10 were operated on immediately, viz:

8 hysterectomies

2 cone biopsies

3 were kept under observation.

8 patients were confirmed histologically as having Carcinoma-in-situ.

300 patients were referred to their doctors because of a gynæcological abnormality.

(i) Fluoridation.

For reasons essentially moral,
exalted and ethical too,
We do not use fluoride in Worcester,
pure water is better for you.

The natural juice of the Severn
is famed for its unique bouquet,
enriched by an elegant fauna
it's really much better that way.

It's true that chloride is added
our flesh is regrettably frail,
but still we hold fast to the tenet
that none but the pure shall prevail.

In a world so confused and tormented,
to our children what can we bequeath
but a carapace of stout independence
no falser than that of their teeth.

For reasons essentially moral
exalted and ethical too,
We do not use fluoride in Worcester,
pure water is better for you.

SECTION 29—Home Help Service.

Miss C. J. Pain, Home Help Organiser, reports :

“It is difficult to report of the Home Help Service without mentioning the word ‘Expansion.’ During 1966 the number of cases which received help was 805 compared with 747 cases in the previous year. In 1963 which was the first year that the Service was administered directly by the Health Department, only 534 people were provided with help. The figures below show the number of cases which were covered during 1965 and 1966. They again prove that the people in the over 65 age group are those who are most in need of the services of the Home Help. The figures also show an increase in the number of maternity cases on our books during 1966 compared with the previous year.

Number of cases where help was provided :

| | | | | 1965 | 1966 |
|-------------------------------|-----|-----|-----------|-------|-------|
| Aged 65 years and over | ... | ... | ... | 578 | 624 |
| Aged under 65 years | | | | | |
| Chronic sick and tuberculosis | ... | ... | ... | 76 | 79 |
| Mentally disordered | ... | ... | ... | 9 | 8 |
| Maternity | ... | ... | ... | 20 | 33 |
| Others | ... | ... | ... | 64 | 61 |
| | | | | <hr/> | <hr/> |
| | | | Total ... | 747 | 805 |
| | | | | <hr/> | <hr/> |

“Fortunately the number of Home Helps has also been increased to deal with this extra demand for help. The allocation of an additional eight full time Home Helps (four for appointment in April and four more in October) has eased the strain considerably. The newly appointed Home Help’s time is quickly absorbed by the new cases which are continually coming on to our books. So many of the chronic sick and disabled rely on the Home Helps for daily personal attention as well as for all the household tasks, including cooking, and 15 to 20 hours or even more per week can easily be taken up by one particular case. Two hours per day is not long to give to someone requiring all this help and attention. A daily call to an old person who is suffering from extreme depression and loneliness cannot be hurried, or the feeling of not being wanted

is emphasised more than ever. For these reasons one Home Help may be able to help two or three cases only during the week.

“People needing our services require help primarily during the morning, and two Home Helps working a 20 hour week for mornings only are far more useful than one person working full time (40 hours) finishing at 5.30 p.m. Experience has shown that householders do not take kindly to afternoon help. At the end of 1966 only four Home Helps were working a 40 hour week and sixty-eight were covering considerably shorter hours. In the case of a householder being taken ill and quite dependent on the Home Help Service, there is no difficulty in supplying help later in the day. In such cases Home Helps are very willing to give extra time to deal with any emergency. The Service more or less covers a 7 day week and as many as 16 Home Helps worked during weekends to cover people in distress, and approximately 30 cases were provided with help.

“The recruitment of Home Helps has been very much easier of late and consequently it has been possible to select the right type of person for the work. Quite often a Home Help persuades a friend to apply to join the Service. This is usually a good recommendation as she will already have been briefed about the work and will, therefore, know what is expected of her and what her duties entail. It is not at all unusual for a Home Help who has left the Service to ask to be reappointed. This shows that, to her, the work must be interesting and worthwhile.

“Twelve of the more recently appointed Home Helps have again attended a course of weekly lectures on subjects which are closely connected with their work. They found them most interesting and benefited enormously by meeting other people who are either directly or indirectly contributing to the wellbeing of the sick, elderly and distressed of the City. Two additional items were added to the programme this year. ‘Children in Care’ was a subject for discussion and a very interesting morning was spent at Dr. Barnardo’s Home at Hallow Park, while on another occasion a visit was made to Powick Hospital. This was particularly interesting for the Home Helps as it is not unusual for them to have to deal with old people who are mentally confused. Following this visit a new idea was formulated and arrangements were made for a Home Help to escort an old lady from the Hospital to her home. She then continued to visit her and was accepted and allowed to help with the housework. For many years prior to admission to hospital the old lady had very rarely opened her door to admit anyone. This was the first time that such an experiment had been made and it proved to be successful.”

CARE OF THE AGED

In commenting on the Social Workers' service of this Department for the care of the aged I am reminded of the unfortunate monarch whose passion for legistics was indulged from a rather rocky seat overlooking sea-born Salamis

“And ships and nations all were his.
He counted them at break of day
And when the sun set, where were they.”

In like vein we started the year with a Senior Social Worker and a new post on the establishment of a joint Social Worker to be shared between the Health Department and the Hospital Medical Social Workers. This seemed to be a particularly interesting and useful post affording a most desirable link between two branches of the health service. We were unable to obtain a candidate, probably because the salary appropriate to the post was not overtly attractive. This reverse, though a disappointment, could be sustained but it was speedily followed by a coup de main when Miss Wilkes, our Senior Social Worker, departed on promotion to Birmingham. On such occasions one can only agree with Jane Austen that

“One has no great hopes from Birmingham,
I always say there is something direful in the sound.”

Miss Wilkes did very conscientious and devoted work for the old people in Worcester, and her visits were much appreciated by them. We have been unable to find a replacement for her so that this service which at the commencement of the year was developing most satisfactorily, is now obliterated.

MENTAL HEALTH SERVICES

Last year I gave a detailed account of the community services provided by this authority under the Mental Health Act, and of the developments which were foreseen in the near future. The new building at Perryfields Adult Training Centre should be completed next year and this will relieve the pressure on the old premises which are now overcrowded.

The survey of subnormal patients resident in hospital has now been completed and our Psychiatrist informs me that there are only four adult patients suitable for return to the community, whilst it is doubtful if any of those under the age of 16 are sufficiently advanced to leave hospital within the next few years. Unless there are major changes in the population or organisation of this authority it would appear that our plans for a hostel catering for 20 subnormal adult patients are more extensive than required, and it is possible that we may be able to help those capable of returning from hospital and the relatively few subnormals living in Worcester who require supervised accommodation, from our existing resources. To do this it would be necessary to alter the character and function of our existing hostel for the mentally ill. This hostel, which was opened in 1961, has done excellent work for patients discharged from Powick and other mental hospitals who have either lacked a suitable home or who require a further period of advice and help before resuming a completely independent life. However, during this time it has been noticeable that the type of patient which we have received from the hospital has been gradually changing. In the past the majority of cases were chronic schizophrenics who reacted extremely well to our therapy, so that after six months to a year's care they were able to manage on their own in selected lodgings. Recent admissions show, however, that there have been fewer patients of this type and in their place we have taken psychopaths and those with behaviour problems who, while benefiting to some extent from the hostel, are often incapable of any genuine long lasting improvement.

The position is, therefore, that the class of patients for whom Perryfields was designed are now in most instances returning back home without going through an intervening period of hostel care, and it is probable that in a few years there will not be more than four or five such patients in the hostel.

In considering the future of Perryfields, one may well envisage the hostel becoming a home for subnormal patients who would be admitted on a more or less permanent basis, while the

buildings which at present house the Adult Training Centre and which will be vacated next year, could be converted to bed-sitting rooms for the convalescent mentally ill. The latter could still be unobtrusively supervised by the hostel staff, their meals could be provided from the hostel and yet, at the same time, they would be virtually independent persons going out to work and having their own pied à terre. At present this reversal of roles is a matter of conjecture, but it would have the advantage of enabling us to provide for the needs of both classes of patient quickly and inexpensively. Of particular attraction is that the Perryfields buildings are set in pleasant grounds and have a worn, cajoling comfort that appeals to the sensibilities of the mentally disturbed.

This conversion would permit us to add one three bedroom flat to the Family Rehabilitation Unit for which there is always considerable demand.

Report of Senior Mental Welfare Officer.

Mr. W. H. Horne reports :

“Admissions :

The number of patients admitted to hospital during the year shows a considerable increase, a total of 378 against 301 in 1965. The majority of these were admitted through Psychiatric Clinics as informal patients.

Compulsory admissions also increased, 73 against 42 in 1965. Although the Department has directed its efforts towards raising the standard of care for those in danger of becoming ill or actually ill, these figures are rather high. Many, of course, are re-admissions who spend only short periods in the community and have to return to hospital for treatment of specialised nature, or are unable to cope with the responsibilities outside and to adjust themselves to the demands of society.

The increase in the number of compulsory admissions may be due to an increase in the number of psychotics and neurotics. Experience shows that depressives are more likely to realise that something is wrong with them and to agree to informal admission.

Prevention :

Most of the cases interviewed in the Department are those of mild depression due to various problems. To prevent complete breakdown is not merely a matter of reassurance. There is no point in this if one does not know what reassurances to give.

No magic can be performed by this kind of language. The skill and art lie in clearing the field for a favourable change and then avoiding entanglement in future developments.

In problems which bear upon such things as relative security for one family in the form of housing, accumulated debts, etc., change will not occur quickly, because the anxiety is so great that little can be achieved until this is discussed and some practical help is given that will lessen the state of anxiety. Often when this is done one never sees the patient again.

The great problem is that of the person who is so grossly inadequate that only continued bolstering over a long period may bring about some significant alteration for the better and a profitable return on their experiences. Others, of course, learn nothing from these experiences and are prepared to exist from day to day on what they get from the generosity of others. To some extent we can sympathise with the young because the signposts are few and are pointed in conflicting directions, and there is unlimited freedom to get lost.

Worcester Society for Mental Welfare:

The Mental Health Service of the City has been enriched by the efforts of the members of this Society and the help given by them during 1966 once again proves that kindness, sympathy and help freely given, still have an important role to play even in a welfare state.

After-care:

The incidence of relapse and impaired adjustment of discharged patients is still discouragingly high, but with continued progress in psychiatric medicine one may visualise the time when many more patients will be able to lead industrious lives in the community for much longer periods than at present, particularly those suffering from schizophrenia.

The Schizophrenic in Isolation:

Life for this patient in the community is very difficult as there is often a defensive withdrawal to avoid a decline in self-esteem, possibly because there has been a prolonged rejection by his associates. Often limited vocabulary does not allow him to cultivate and sustain social relationships. Sometimes he drifts into isolation because he is preoccupied with his own particular condition and thoughts and thus avoids the demands of interpersonal relationships. This kind of social isolation can

often be prevented through attendance at various clubs, visits from mental welfare officers or full employment if the patient is capable.

The Inadequate :

As it is not possible for all of us thoughtfully to probe each conflict or crisis within ourselves or to make a choice as to action and then assume responsibility for this course, help and advice must be given to the patient in an attempt to make the full responsibility for his existence rest upon him. This is sometimes very difficult to achieve in these days of the welfare state where to ask is to receive without the recipient making any real effort."

" Cases Admitted to Powick Hospital during the year ended 31st December, 1966.

| | | | Male | Female | Total |
|-----------------------|-----|-----|------|--------|-------|
| Informal admissions | ... | ... | 123 | 182 | 305 |
| Compulsory Admissions | ... | ... | 24 | 49 | 73 |
| | | | — | — | — |
| Total Admissions | ... | | 147 | 231 | 378 |
| | | | — | — | — |

Mentally Subnormal :

| | | | | | | |
|--|-----|-----|-----|----|----|-----|
| In Institutions | ... | ... | ... | 55 | 34 | 89 |
| Under Supervision | ... | ... | ... | 60 | 56 | 116 |
| Admitted to Institutions | ... | ... | ... | 6 | — | 6 |
| Deaths | ... | ... | ... | 1 | — | 1 |
| Mentally Subnormal attending Junior Training Centre | | ... | | 10 | 14 | 24 |

Perryfields Hostel

At the end of the year there were nine residents, six male, three female. All hold full time jobs, behave well and are making some progress, but there is not one who will not have difficulty in private accommodation because of their phobias and idiosyncracies. Only an extremely sympathetic and knowledgeable landlady would be able to cope with them and our search for these paragons has been singularly unsuccessful.

Adult Training Centre.

Mr. W. T. Baylay reports :

“At the end of the year 50 trainees were on the register. Of these 20 were female and 30 male and the attendance was excellent. Payments to the majority of trainees were higher than before.

“The girls have taken to the Homecraft Section with great enthusiasm—washing “whiter than white”; cooking of the mid-day meals a joy to behold. I feel sure that if parents would continue this education at home a great deal could be achieved.

“For the men, the gardens hold their attention and enthusiasm. Improvements are continuing with each season; ornamental walls, lawns and flower beds are expanding.

“Industrial work has continued as in previous years and a new contract has been obtained from a local nursery to supply 3,000 seed boxes. Of these, 1,500 have been delivered and the remainder will be supplied early next year.

“The Director of Education has kindly supplied us with a part-time teacher to give instruction to a class of selected trainees in simple reading with particular emphasis on the recognition of words that occur in the commoner notices.

Christmas Party :

“This was held on Wednesday, 21st December, 1966. The mid-day meal of turkey, sprouts, roast and boiled potatoes, peas, etc., followed by Christmas pudding was cooked by the girls in the Cookery Section, and judging by the empty plates “done to a turn.”

“The party started at 4.0 p.m. with tea, followed by a film show, after which a variety show was put on by Beryl Davies and company who sang songs old and new, gave several sketches and ended with community singing. Father Christmas made his usual appearance giving out the presents and the trainees left loaded with fruit, sweets and personal presents. I would like to take this opportunity of thanking all who helped to make it a success.

“Long range weather forecasts (local showers, etc.) deterred us from the usual outings and these were replaced by a number of film shows which were both instructional and amusing.

“Altogether it has been a very successful year. There have been no major incidents and attendances were first class, the trainees working and playing together very amicably and finding freedom of movement and expression, etc., to their liking, and a very happy atmosphere prevails. Plans for the new Centre for 80 trainees were approved towards the end of the year and we look forward to building operations commencing in the spring of 1967.”

Family Rehabilitation Unit

Although there is a waiting list for admission to this Unit we were only able to discharge one family during the year. In this instance both husband and wife had been patients at the Hostel and indeed had married while they were there, and after a relatively short period in one of the Unit flats, purchased their own house and would appear to have settled to domestic life very satisfactorily.

Worcester Society for Mentally Handicapped Children

Mrs. Thelma Higley, Honorary Secretary, reports:

“Worcester Society for Mentally Handicapped Children has had another successful year. Its main money raising effort, the Autumn Fayre held in November raised £257 5s. 2d.

“As a result of their efforts during the year, members have been able to help the following causes:

| | | | | |
|---|-----|------|---|---|
| Lord Mayor of Birmingham's Appeal for Teacher Training College (to train staff to teach the mentally handicapped) ... | ... | £200 | 0 | 0 |
| Lea Hospital and Lea Castle Hospital | ... | £30 | 0 | 0 |
| Research into the causes of mental handicap | | £50 | 0 | 0 |
| Worcester Society for Mental Welfare | ... | £25 | 0 | 0 |
| Lower Wick Junior Training Centre ... | ... | £25 | 0 | 0 |

“A new venture last September was a great success when two coach loads of parents and children were taken to the seaside for the day. This is a venture we hope to repeat this year for children from the Junior and Adult Centres.

“Several of our members continue to run a successful youth club at Perryfields Training Centre each week.”

Worcester Society for Mental Welfare

Mrs. Mary Lloyd, Honorary Secretary, reports:

“The number of cases dealt with by the Society during the year has increased and the work has expanded considerably since help was extended to families in the City.

“Financial assistance was given as follows:

| | | |
|-----------------------------|--------|---|
| Perryfield residents ... | ... | 4 cases |
| Perryfields family unit | ... | 1 family |
| Perryfields Training Centre | ... | 1 case |
| City ... | ... .. | 4 cases (two on more than one occasion) |

“Visits have been paid regularly to the family housed in the Perryfields Unit and to the City cases on the Society’s lists. Good second-hand clothes, bed linen, etc., have been supplied to families on several occasions, thanks to the generosity of friends of the Committee. Assistance has also been given in obtaining free school meals and uniform, and making application for rent rebates.

“The fund-raising efforts were very successful during the year and the Society was able to organise a Theatre outing in January for the hostel residents and provide gifts at Christmas for the residents and trainees at Perryfields, in addition to a number of families in the City.

“It is felt that the Society has now become firmly established in the City and the Committee looks forward to extending its work still further during the forthcoming year.”

Cases of Infectious Diseases notified during the year 1966, classified in age groups.

Number of Cases Notified

| Notifiable Disease | Age Groups | | | | | | | | | | | | | | | | | | Grand Total | | | | | | | | |
|---|--------------|----|--------------------|----|--------------------|----|--------------------|----|--------------------|----|-----------------|-----|-------------------|----|-------------------|---|-------------------|---|-------------|-------------------|---|-------------------|---|-------------|-----|--------|----|
| | Under 1 year | | Over 1 and under 2 | | Over 2 and under 3 | | Over 3 and under 4 | | Over 4 and under 5 | | 5 years—9 years | | 10 years—14 years | | 15 years—24 years | | 25 years—44 years | | | 45 years—64 years | | 65 years and over | | Age Unknown | | Totals | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | M | F | M | F | M | F | M | F |
| Scarlet Fever | — | — | — | — | 2 | 2 | — | 2 | 3 | 5 | 16 | 17 | 3 | 1 | — | 2 | 1 | 2 | — | — | — | — | — | — | 25 | 31 | 56 |
| Whooping Cough | 2 | — | 2 | 1 | 1 | 2 | — | 1 | 1 | — | 5 | 1 | — | — | — | — | — | — | — | — | — | — | — | 13 | 3 | 16 | |
| Acute Poliomyelitis (Paralytic) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Acute Poliomyelitis (Non-Paralytic) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Measles | 18 | 16 | 48 | 36 | 42 | 42 | 64 | 44 | 79 | 50 | 128 | 116 | 2 | 7 | 2 | 2 | — | 1 | — | — | — | — | — | 383 | 314 | 697 | |
| Diphtheria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Dysentery | — | 1 | — | — | — | — | 1 | — | — | 1 | 1 | 6 | 1 | — | — | 1 | — | — | — | — | — | — | — | 3 | 9 | 12 | |
| Meningococcal Infections .. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Acute Pneumonia (Primary or Influenzal) | 1 | — | — | — | — | 1 | — | — | — | — | — | 1 | 1 | — | 2 | — | 1 | — | — | — | — | — | — | 10 | 12 | 22 | |
| Smallpox | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Acute Encephalitis (infective) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Acute Encephalitis (post infectious) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Enteric or Typhoid Fevers .. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Paratyphoid Fever | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Erysipelas | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Food Poisoning | 1 | — | 1 | — | 1 | — | 1 | — | 1 | 1 | 9 | 7 | 3 | 7 | — | — | — | — | 1 | 1 | — | — | — | 1 | 15 | 31 | |
| Tuberculosis (Respiratory) .. | — | — | — | — | — | — | — | — | — | — | 1 | 1 | — | 2 | 2 | — | 3 | 1 | — | — | — | — | — | 16 | 8 | 20 | |
| Tuberculosis (Non-Respiratory) | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | 1 | — | — | — | — | — | 2 | 1 | 3 | |
| Ophthalmia Neonatorum | — | 5 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 5 | 5 | |
| Puerperal Pyrexia | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 | |
| Totals | 22 | 22 | 51 | 37 | 46 | 47 | 68 | 46 | 84 | 57 | 160 | 149 | 10 | 17 | 7 | 6 | 7 | 7 | 7 | 6 | 2 | 6 | — | 465 | 399 | 864 | |

INFECTIOUS DISEASE

I should like to record my appreciation of the unfailing co-operation given to this Department by Dr. R. J. Henderson, Director of the Worcester Public Health Laboratory, and his staff.

Diphtheria: For the fifteenth successive year there has been no case of diphtheria in the City.

Scarlet Fever: There were 56 notified cases of scarlet fever all of which would seem to have been mild in nature.

Whooping Cough: 16 cases were reported, none of which had complications.

Measles: It is rather difficult now to distinguish which is a measles year and which is not. In the past four years we have had 488 cases, 823 cases, 550 cases and 627 cases respectively.

Dysentery: 12 cases of dysentery were notified.

Food Poisoning: "Pass the Gravy."

There were 31 cases of food poisoning during the year resulting from two outbreaks. One of these concerned *Salmonella typhimurium* infection of a family consisting of parents and one child, while the other was due to *Clostridium Welchii* and involved 27 children at one of the junior schools. Apparently a meal comprising liver, bacon, onions, gravy and vegetables followed by currant roly-poly and vanilla sauce was taken and 8 to 20 hours later attacks of diarrhoea started. There were no other symptoms and though the diarrhoea was severe at the onset it cleared up during the following 24 hours. The necessary hygiene measures were carried out and a sample of the suspected meal was sent for analysis.

The meal in question had been prepared in the main kitchen at another school who had had exactly the same menu without ill result. This was confusing but later discussion showed that a different gravy had been sent to the school in which the outbreak had occurred. This gravy had been made from the stock of partially braised liver and left simmering on the stove for some two hours before being dispatched in insulated containers for the mid-day meal. It is probable that being on a low heat and in such large quantity the top level of the gravy would have been an ideal temperature for bacterial growth. The sample meal sent for analysis did not contain any of this growth so that the result from the Public Health Laboratory proved negative.

Venereal Disease: There was a fall in the number of cases of syphilis and other venereal conditions with the exception of gonorrhœa which showed a slight rise. It will be seen that our figures are generally very low and that venereal disease cannot be considered a major problem in Worcester.

First attendances at the special clinic at the Worcester Royal Infirmary were as follows:

| | | | | 1966 | 1965 | 1964 |
|------------------|-----|-----|-----|------|------|------|
| Syphilis | ... | ... | ... | 3 | 5 | 7 |
| Gonorrhœa | ... | ... | ... | 28 | 22 | 34 |
| Other conditions | | ... | ... | 105 | 94 | 113 |
| Total | ... | ... | ... | 136 | 121 | 154 |

INFECTIVE HEPATITIS

During the year we were asked by the Public Health Laboratory Service to take part in a trial to investigate the value of gamma globulin in outbreaks of infective hepatitis. The objects of the investigation are:

- (1) to survey the incidence of infective hepatitis among contacts in schools and institutions;
- (2) to assess the efficacy of British gamma globulin in preventing infective hepatitis in contacts in schools and institutions.

In order to undertake this investigation it was necessary to make infective hepatitis a notifiable disease so that we should be aware of all cases occurring in the City.

In October, cases of the disease were notified among children attending a primary school and gamma globulin was administered to a number of children who were contacts. Follow-up of these children is being undertaken during 1967.

OTHER HEALTH DEPARTMENT SERVICES

(a) HOUSING REPORTS.

The Medical Officer of Health acts as adviser to the Housing Committee and its officers in the allocation of points enjoined for purely medical reasons. This involves discussion with the general practitioner and consultant concerned, very often an inspection of living conditions so that the illness or defect may be viewed in the context of its environment. In view of the demand for houses in the City this is a very serious responsibility even though the ultimate decision is undertaken by the Housing Committee. During the year 127 applications were investigated and reported, contrasting with the previous year's total of 95.

(b) NURSING HOMES.

There is only one private nursing home within the confines of the City and this was inspected at appropriate intervals.

(c) EXAMINATION OF PLANS.

All plans are vetted by the Medical Officer of Health and the Chief Public Health Inspector. Though rather an onerous chore, this duty has much to commend it as it is naturally easier to prevent mistakes than to remedy them. During 1966, 1,090 plans were scrutinised.

(d) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

On the 31st December, 1966, there were seven daily minders registered, approved for a total of 65 children. Regular visits are paid by the Deputy Medical Officer of Health and the Principal Nursing Officer.

(e) NATIONAL ASSISTANCE ACT, 1948, SECTION 47 AND NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

Compulsory removal to hospital was undertaken once during the year. In this instance the person concerned was an old man whose family had to go away for a short holiday and who could not leave him alone as he was incapable of looking after himself in every respect. Unfortunately he was not prepared to leave his home even for a few weeks, and since there was a considerable danger that he might gas himself or set the house on fire, temporary admission to Hillborough was necessitated.

(f) MEDICAL EXAMINATIONS.

Health Department medical staff examined 315 local authority staff for fitness to take up new appointments, 48 persons for fitness to attend a training college and 11 teachers on first appointment.

(g) CREMATIONS.

The number of cremations continued to increase and 966 medical certificates were scrutinised by the Medical Referee.

(h) INTERNATIONAL CERTIFICATES.

1,439 international certificates were scrutinised during the year.

(i) VISITS.

Major G. M. Stewart, a trainee Army Health Officer, was seconded for a week to the Department to study various aspects of public health, as was Miss E. Budgen, a student from the Department of Biological and Health Studies, Battersea College of Technology. A shorter visit was made by Dr. P. Deaner, trainee general practitioner. We were also pleased to welcome Mrs. Barzilay-Makower, Chief Psychiatric Social Worker of the Government Mental Health Services, Israel.

CIRCULAR 1/67.

In Circular 1/67 the Minister asks for information on co-ordination and co-operation of the Health Department services with those of hospital and family doctor. It would be true to say that there is a very genuine liaison between the three services in Worcester and it would be hard to think of a single issue in which they have not combined to promote or improve the service. Indeed, speaking for the Health Department, I cannot praise too highly the consideration and support which has always been afforded to us by the officers and doctors of the two associated services. This extends throughout every type of work and I would quote the following examples.

1. Hospital co-operation in obtaining a speech therapist by offering clinic sessions to supplement those of the local authority, thereby making the post more attractive.
2. Joint appointment of hospital and local authority geriatric medical social worker.

3. Appointment of Dr. Spencer, Medical Superintendent, Powick Hospital, as Honorary Adviser in Mental Health to this authority.
4. Support by the general practitioners of all plans put forward by the Health Committee, their willingness to help in individual matters of concern and their frequent calls to the Department with suggestions and information relating to the health of the community.
5. The facilities placed at the disposal of our mental welfare officers at Powick Hospital so that in effect our community service for the mentally ill dovetails completely with that provided by hospital doctors and social workers.
6. General practitioners undertake a great deal of clinical work and school medical inspections and one practitioner has accepted the post of School Medical Officer to two schools in the City.

On the other hand the Health Department has done a great deal to meet early discharges and provided midwifery cover at Shrub Hill during periods of shortage. Attachment of health visitors to general practices is almost complete and many district nurses are also seconded. Our pupil midwives attend the ante natal clinics of one of the large general practices.

There are three general practitioners members of the Health Committee and as Medical Officer of Health I am a member of the Local Executive Council and Hospital Management Committee and associated Committees, including Local Medical Committee and Medical Advisory Committee.

PANIC IN THE STREET OR A CAUTIONARY TALE.

Recently a family sat down to tea, the main item being a large tin of salmon which the cat was permitted to share. Subsequently returning from a short drive they found the cat dead outside the back door with both anguish and indignation on his moribund features. The parents acted with great speed and circumspection. Taking hold of the children they drove immediately to hospital, told the doctor what had happened and indeed offered to him the salmon tin which they had thoughtfully brought with them. While the remains of the salmon were investigated the family had their respective stomachs washed out and other appropriate treatment. Back at home, alive but somewhat exhausted, a neighbour called. His manner was curiously apologetic. "I suppose," he said, "you found the cat. I am awfully sorry about knocking it down, but my car, etc., etc., etc."

ENVIRONMENTAL HYGIENE

Report of Mr. T. W. Marsden, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector.

DRAINAGE AND SEWERAGE.

Work of rebuilding and enlarging the sewage treatment plant is proceeding and it is hoped that the works will be completed in 1967.

During the year 20 houses, formerly relying on septic tanks, were connected to the public sewers. There are now 84 houses relying on septic tanks or cesspools and four houses have pail closets.

OFFENSIVE TRADES.

At the end of the year the following premises were in operation.

| | | | <i>Old Established</i> | <i>Annual License</i> | <i>Total</i> |
|-----------------------|-----|-----|----------------------------|---------------------------|--------------|
| Fellmongers | ... | ... | 2 | — | 2 |
| Hide and Skin Dealers | ... | ... | 1 | — | 1 |
| Rag and Bone Dealers | ... | ... | — | 2 | 2 |

RAG FLOCK ACT, 1951.

There is one establishment registered under the Rag Flock Act.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963.

Two premises are registered under the above Act and have been inspected.

PET ANIMALS ACT, 1951.

Three premises are registered under the above Act and have been inspected.

PHARMACY AND POISONS ACT, 1958.

Thirty-two licences have been issued under the above Act.

CLEAN AIR ACT, 1956.

Industrial

| | | |
|----------------------------|--|-----|
| 1. Dark Smoke | Number of contraventions recorded ... | 3 |
| | (a) successful prosecutions ... | 1 |
| | (b) unsuccessful prosecutions ... | Nil |
| 2. Furnaces | (a) notifications received ... | 7 |
| (section 3) | (b) application for prior approval ... | 7 |
| | (c) number of applications granted ... | 7 |
| 3. Grit and Dust emissions | (a) number of contraventions ... | Nil |
| (section 5) | | |
| 4. Height of chimneys | (a) number of plans submitted showing new chimneys ... | 7 |
| | (b) number of cases in which alterations were required ... | 5 |
| | (c) number approved ... | 7 |
| | (d) number of chimneys erected not complying with the approved plans | Nil |
| | (e) number of chimneys erected outside the control of Section 10 ... | 5 |

Domestic

Nil.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Annual Report for the Year ending 1966 as required by Section 60 (1) of the above Act

1. REGISTRATION AND INSPECTION.

In spite of publicity occupiers are still unaware of the need to register their premises, and in the coming year a detailed survey will have to be undertaken in order to ascertain the employers who have failed in their obligations under the Act.

It was decided by this Authority to inspect those premises which had been registered, and to deal with the outstanding premises as and when they were found.

It is estimated that approximately 35% of the premises in the City have still to register (300-400 premises).

Since the commencement of the Act, 542 premises have received a complete inspection, 281 Notices have been served listing 1,648 defects.

2. OPERATION OF THE GENERAL PROVISIONS OF THE ACT. SECTION 4 (CLEANLINESS).

Once again no particular problems were encountered concerning the enforcement of this Section. The more modern premises were easier to keep clean, and the majority of the 209 offences occurred in the old and sub-standard properties.

Many employers complained about the difficulty in obtaining cleaning staff. Yet others claimed to have dismissed them due to them having to pay the new selective employment tax.

SECTION 5 (OVERCROWDING).

Only four cases of overcrowding were found during the year, and all were rectified in a very short time.

It is regretted that kiosks (from which goods are sold or at which money is taken) are exempt from the overcrowding standard (i.e. Section 5 sub-section 2). One instance has occurred where four members of the staff work in a kiosk which has a capacity of approximately 650 cu. ft.

SECTION 6 (TEMPERATURE).

Eighty-eight instances were recorded where the employees were not provided with either adequate heating facilities, or thermometers for their use.

Again food premises were not required to reach and maintain the statutory temperature of 60·8°F (16°C) within one hour of opening, providing adequate facilities existed elsewhere in the building which were readily accessible to all members of the staff.

SECTION 7 (VENTILATION).

Ventilation problems are still arising as a result of the partitioning off of large rooms in order to make smaller units. Many of the small units having no supply of fresh air at all. This can only be overcome by trunking which is often very costly and unsightly.

A successful prosecution was obtained in the case of a kiosk at the rear of a retail shop having no adequate supply of fresh or artificially purified air.

SECTION 8 (LIGHTING).

On the whole premises were adequately lighted, but very often it was the areas of the premises where the public did not visit which fell below the standard.

Store-rooms, passageways, warehouses and basements were particularly poor as compared with the sales areas of premises.

Ninety defects were noted during the year's inspections, mostly concerned with insufficient illumination. A number of cases of glare were also encountered.

SECTION 9 (SANITARY ACCOMMODATION).

Almost half of the premises inspected had defects associated with Sanitary Accommodation.

One of the major deficiencies was the absence of an intervening ventilated space between the water closet compartment and the workroom.

In one instance where additional toilet accommodation was required because of a mixed staff of six, the manager of the shop was instructed by his employer to take his office work home whenever the sixth member reported for duty.

SECTION 10 (WASHING FACILITIES).

Some 95 offences under this Section of the Act came to light during the year. No major difficulties arose, but there was reluctance on the part of employers to provide suitable washing facilities (especially a hot water supply) in sanitary blocks on licensed premises where the facilities were used (and abused) by members of the public.

Exemption from the provision of supply of hot running water was granted for a period of two years in respect of two kiosks situated on a railway forecourt. The occupants of the kiosks use facilities provided by British Railways and due to modernisation (or otherwise) their plans have been held in abeyance.

SECTION 11 (DRINKING WATER).

Only two premises had inadequate supplies of wholesome drinking water; both have since provided adequate facilities.

SECTION 12 (ACCOMMODATION FOR CLOTHING).

Eight per cent of premises inspected had unsuitable facilities for the storage and drying of outdoor clothing. The major problem encountered was the absence of adequate space (particularly in offices). Most shop premises had made suitable provision in staff rooms.

SECTIONS 13 AND 14 (SEATING FACILITIES).

On only eight occasions were unsuitable seating facilities found. These consisted of sacks, boxes, orange crates and a portable paraffin heater. Suitable seats have since been provided.

SECTION 15 (EATING FACILITIES).

The two cases infringing this section both concerned members of the staff of retail shops having to partake of their meals in full view of the shop customers. Suitably screened off areas have since been provided.

SECTION 16 (FLOORS, PASSAGES AND STAIRS).

Nearly 70 per cent of premises visited had faults associated with defective flooring or floor covering, absence of handrails on staircases, or the obstruction of passageways and steps.

Almost fifty per cent of the reported accidents to this Authority concerned falls of some description.

Some 268 defects were found on inspection and the only major problems which arose concerned the fencing of openings in floors of certain premises.

SECTIONS 17, 18 AND 19 (DANGEROUS MACHINERY).

Thirteen instances of inadequately guarded machines were found, and instructions were given to employers to approach the manufacturers of the machines without delay. No accidents were reported in connection with machinery.

SECTION 24 (FIRST AID).

No first aid box or lack of the prescribed contents were found in 15 per cent of the premises visited.

SECTION 49 (REGISTRATION OF PREMISES).

Only one instance occurred where an employer failed to register his premises after being requested to do so.

SECTION 50 (INFORMATION FOR EMPLOYEE).

Abstract of the Act was not exhibited in 83 premises visited.

APPENDIX "A"

Infringements of the Act and Regulations made thereunder.

Number of Notices served — 178

Number of Defects found — 1,186

| | <i>No. of Defects</i> | <i>% of whole</i> | <i>% of Premises Visited</i> |
|---|---------------------------|-------------------|--------------------------------------|
| SECTION 4 (CLEANLINESS) ... | 209 | 17·63 | 52·25 |
| SECTION 5 (OVERCROWDING) | 4 | ·34 | 1·00 |
| SECTION 6 (TEMPERATURE) ... | 88 | 7·42 | 22·00 |
| SECTION 7 (VENTILATION) ... | 37 | 3·12 | 9·25 |
| SECTION 8 (LIGHTING) ... | 90 | 7·58 | 22·50 |
| SECTION 9 (SANITARY ACCOMMODATION) | 197 | 16·60 | 49·25 |
| SECTION 10 (WASHING FACILITIES) | 95 | 8·01 | 23·75 |
| SECTION 11 (DRINKING WATER) | 2 | ·17 | 0·50 |
| SECTION 12 (CLOTHING ACCOMMODATION) | 32 | 2·70 | 8·00 |
| SECTION 13 (SITTING FACILITIES) | 6 | ·51 | 1·50 |
| SECTION 14 (SEATS FOR SEDENTARY WORKERS) | 2 | ·17 | 0·50 |
| SECTION 15 (EATING FACILITIES) | 2 | ·17 | 0·50 |
| SECTION 16 (FLOORS, PASSAGES, STAIRS) | 268 | 22·60 | 67·00 |
| SECTION 17 (MACHINERY) ... | 13 | 1·09 | 3·25 |
| SECTION 24 (FIRST AID) ... | 57 | 4·81 | 14·25 |
| SECTION 49 (REGISTRATION) | 1 | ·09 | 0·25 |
| SECTION 50 (INFORMATION FOR EMPLOYEES) | 83 | 6·99 | 20·75 |

APPENDIX "B"

Occupiers of premises to which the Act applies are required by Section 48 to notify the appropriate authority of certain accidents which occur to persons employed in their premises.

An accident is notifiable if all of the following conditions are fulfilled: —

- (i) it occurs on the premises to which the Act applies;
- (ii) it is not reportable under any other enactment;
- (iii) the injured person is employed to work in the premises;
- (iv) it causes death, or disables him/her for more than three days from doing his/her usual work.

Number of Accidents notified ... 39

Number of Accidents investigated ... 24

(15 Accidents were not investigated due to either late notification or to being of a trivial nature).

| <i>Persons sustaining Injury</i> | | | | <i>Place of Accident</i> | | | |
|----------------------------------|-----|----|---------|--------------------------|-----|----|---------|
| Man | ... | 11 | (28.2%) | Office | ... | 7 | (18.0%) |
| Woman | ... | 24 | (61.5%) | Shop | ... | 11 | (28.2%) |
| Boy | ... | 1 | (2.6%) | Warehouse | ... | 15 | (38.4%) |
| (under 18) | | | | Catering | | | |
| Girl | ... | 3 | (7.7%) | Estab. | ... | 5 | (12.8%) |
| (under 18) | | | | Canteen | ... | 1 | (2.6%) |

| <i>Type of Accident</i> | | | | | | | |
|--|-----|-----|-----|-----|----|---------|--|
| Falls (of all kinds) | ... | ... | ... | ... | 18 | (46.2%) | |
| Striking against an object or being struck by a falling object | ... | ... | ... | ... | 13 | (33.3%) | |
| Miscellaneous | ... | ... | ... | ... | 8 | (20.5%) | |

| <i>Nature of Injury</i> | | | | | | | |
|--------------------------------|-----|-----|-----|-----|----|---------|--|
| Fractured Limbs | ... | ... | ... | ... | 5 | (12.8%) | |
| Sprains and Strains | ... | ... | ... | ... | 9 | (23.1%) | |
| Open wounds | ... | ... | ... | ... | 9 | (23.1%) | |
| Bruising, Crushing, Concussion | ... | ... | ... | ... | 14 | (35.9%) | |
| Miscellaneous | ... | ... | ... | ... | 2 | (5.1%) | |

| <i>Site of Injury</i> | | | | | | | |
|-----------------------|-----|-----|-----|-----|-----|---------|--|
| Head | ... | ... | ... | ... | Nil | — | |
| Back | ... | ... | ... | ... | 6 | (15.4%) | |
| Upper Limbs | ... | ... | ... | ... | 8 | (20.5%) | |
| Lower Limbs | ... | ... | ... | ... | 20 | (51.3%) | |
| Multiple | ... | ... | ... | ... | 5 | (12.8%) | |

PROSECUTION — VENTILATION

At Worcester Magistrates' Court on the 21st October, 1966, Worcester City Council took proceedings against a retail shop for failing to ensure that effective and suitable provisions were made for securing and maintaining by the circulation of adequate supplies of fresh or artificially purified air the ventilation of the office kiosk at their shop premises, contrary to Section 7 of the Offices, Shops and Railway Premises Act, 1963. The Company pleaded not guilty.

Immediately after the opening address by the prosecuting solicitor, the magistrates adjourned to visit the shop premises before hearing any evidence. On resumption, the public health inspector gave evidence of having visited the premises on six occasions during the previous 12 months and of having written to the company requesting the provision of adequate ventilation to the office kiosk in accordance with the Act. He described the office as a room with a capacity of 335 cubic feet in which two persons were regularly employed, and which was situated in the rear of the shop some 27 feet from the shop front. Ventilation was afforded by a sliding window in the front wall of the office which opened into the shop.

The public health inspector maintained that air entering the office through the sliding window could not be fresh, having passed the full length of a busy shop from which was sold a wide variety of open food, including wet fish, cooked chickens and fruit.

The Deputy Superintendent Inspector of Factories, Birmingham, gave evidence of visiting the premises with the Public Health Inspector and considered the ventilation to the office inadequate. He emphasised, during cross examination when comparisons were made between the shop and the office, that the Act required the ventilation of every workroom with fresh or purified air, and not that every person should receive a supply of fresh air.

Evidence for the defence was given by a consultant ventilation engineer, who described tests carried out at the premises on the 11th October, 1966. These tests revealed that the air to the office was changed on average 15 times per hour. He submitted that with an allowance of 1,000 to 1,200 cubic feet of air per person per hour, the ventilation was more than adequate.

The prosecution accepted the evidence of the consultant ventilation engineer, but emphasised that the air which was circulating was not "fresh" and that this one word was the crux of the case.

The Magistrates found the case proved and imposed a fine of £15 and ordered the defendants to pay £10 10s. 0d. costs.

FACTORIES ACT, 1961.

1. Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

| Premises | Number on Register | Number of | | |
|--|--------------------------|-------------|--------------------|-------------------------|
| | | Inspections | Written Notices | Occupiers Prosecuted |
| 1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... | 14 | 7 | 7 | — |
| 2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ... | 328 | 52 | 12 | — |
| 3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ... | 34 | 34 | — | — |
| Total .. | 376 | 93 | 19 | — |

2. Cases in which Defects were found.

| Particulars | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted |
|--|---|----------|-------------------|-------------------|---|
| | Found | Remedied | Referred | | |
| | | | To H.M. Inspector | By H.M. Inspector | |
| Want of Cleanliness | 2 | 2 | — | — | — |
| Overcrowding | — | — | — | — | — |
| Unreasonable temperature | — | — | — | — | — |
| Inadequate ventilation | 5 | 5 | — | — | — |
| Ineffective drainage of Floors | — | — | — | — | — |
| Sanitary Conveniences : | | | | | |
| (a) insufficient | 2 | 2 | — | — | — |
| (b) unsuitable or defective | 5 | 5 | — | 4 | — |
| (c) not separate for sexes | — | — | — | — | — |
| Other offences against the Act not including offences relating to Outwork | 2 | 2 | — | — | — |
| Total | 16 | 16 | — | 4 | — |

3. Outwork (Sections 133 and 134).

| Nature of Work | Section 133 | | | Section 134 | | |
|---------------------------------|----------------------------------|-----------------------------------|---|---|----------------|--------------|
| | No. of outworkers in August list | Cases of default in sending lists | Prosecutions for failure to supply list | Instances of work in unwholesome premises | Notices served | Prosecutions |
| Making etc., of apparel ... | 695 | — | — | — | — | — |
| Furniture and upholstery ... | 11 | — | — | — | — | — |
| Nails, Rivets and Staples ... | — | — | — | — | — | — |
| Carding, etc., of buttons, etc. | — | — | — | — | — | — |
| Total ... | 706 | — | — | — | — | — |

SUMMARY OF ROUTINE WORK OF THE PUBLIC HEALTH INSPECTORS

| Nature of Visits, Inspections, etc. | Number of Visits, etc. |
|--------------------------------------|---------------------------|
| Accumulations | 59 |
| Animals | 20 |
| Ashbins | 14 |
| Bakehouses | 5 |
| Canal Boats | Nil |
| Cesspits | 11 |
| Closets: Water | 23 |
| Pail | 1 |
| Dairies | 27 |
| Dangerous Structures | 25 |
| Ditches and Water Courses | 33 |
| Drains: Inspections | 473 |
| Smoke Tests | 13 |
| Colour Tests | 33 |
| Entertainment Houses | 4 |
| Factories: Power | 52 |
| Non-power | 7 |
| Other | 34 |
| Food: Manufacturing Premises | 27 |
| Examination | 298 |
| Shops and Warehouses | 365 |
| Vehicles | 15 |
| Hotel and Restaurant Kitchens | 119 |
| Houses: Let-in-lodgings | 247 |
| Overcrowding | 34 |
| Vermin | 112 |
| Section 17 | 272 |
| Section 42 | 244 |
| Public Health Act | 2,239 |
| Hairdressers | 2 |
| Ice Cream: Shops | 14 |
| Manufacturers | 2 |
| Infectious Disease Visits | 304 |
| Lectures | 16 |
| Licensed Premises | 131 |
| Markets | 49 |
| Merchandise Marks Act | 2 |

| | | | | | |
|--|----------------|-----|-----|-------------------------|-------|
| Miscellaneous Nuisances | ... | ... | ... | ... | 80 |
| Noise | ... | ... | ... | ... | 94 |
| Offensive Trades | ... | ... | ... | ... | 8 |
| Offices, Shops and Railway Premises Act: Inspections | | | | | 1,240 |
| | | | | Accidents | 39 |
| Outworkers | ... | ... | ... | ... | Nil |
| Pet Animals Act | ... | ... | ... | ... | 3 |
| Rent Act | ... | ... | ... | ... | 11 |
| Rodent Control | ... | ... | ... | ... | 228 |
| Sampling:—Bacteriological: Milk | ... | ... | ... | | 176 |
| | | | | Cream | 46 |
| | | | | Ice Cream | 23 |
| | | | | Food and Swabs | 12 |
| | Chemical: Milk | ... | ... | ... | 127 |
| | | | | Cream | 2 |
| | | | | Ice Cream | 5 |
| | | | | Food and Drugs | 103 |
| | | | | Food (Complaints) | 20 |
| | | | | Fertilisers and Feeding | |
| | | | | Stuffs | 25 |
| | | | | Formal Samples | 15 |
| | | | | Water: Tap, Swimming | |
| | | | | Bath, etc. | 40 |
| Schools | ... | ... | ... | ... | 16 |
| Septic Tanks | ... | ... | ... | ... | 59 |
| Sewers | ... | ... | ... | ... | 25 |
| Shops Act | ... | ... | ... | ... | 1 |
| Slaughterhouses: Public | ... | ... | ... | ... | 239 |
| Smoke: Inspections | ... | ... | ... | ... | 58 |
| | Observations | ... | ... | ... | 59 |
| Special Visits | ... | ... | ... | ... | 524 |
| Squatters | ... | ... | ... | ... | 66 |
| Tips | ... | ... | ... | ... | 16 |
| Van Dwellings | ... | ... | ... | ... | 3 |
| Water Supply | ... | ... | ... | ... | 36 |
| Wells | ... | ... | ... | ... | 2 |

NUMBER OF NOTICES SERVED AND SUMMARY OF WORK CARRIED
OUT DURING THE YEAR.

| | | | |
|--|-----|-----|-----|
| Number of Preliminary Notices served | ... | ... | 123 |
| Number of Verbal Notices | ... | ... | 158 |
| Number of Notice Letters Re: Noise | ... | ... | 13 |
| Re: Houses in Multiple Occupation | | | 42 |
| Re: Housing Defects | ... | | 75 |
| Re: Food Hygiene | ... | | 117 |
| Re: Factories | ... | ... | 18 |
| Re: Miscellaneous Nuisances | | | 66 |
| Re: Offices, Shops and Railway Premises Act | | | 133 |
| Re: Clean Air Act | ... | | 22 |
| Re: Prevention of Damage by Pests | | | 15 |
| Number of Notices (Statutory) served: | | | |
| Public Health Act, 1936, Section 39 | ... | ... | 21 |
| Section 44 | ... | ... | 2 |
| Section 45 | ... | ... | 13 |
| Section 93 | ... | ... | 50 |
| Section 138 | ... | ... | 6 |
| Public Health Act, 1961, Section 17 | ... | ... | 5 |
| Section 26 | ... | ... | 3 |
| Housing Act, 1957, Section 78 | ... | ... | 1 |
| Section 90 | ... | ... | 3 |
| Housing Act, 1961, Section 15 | ... | ... | 4 |
| Section 16 | ... | ... | 3 |
| Housing Act, 1964, Section 19 | ... | ... | 1 |
| Clean Air Act, 1956, Section 1 | ... | ... | 1 |
| Noise Abatement Act, 1960 | ... | ... | 1 |
| Prevention of Damage by Pests Act | ... | ... | 1 |
| Offices, Shops and Railway Premises Act, 1963 | ... | | 164 |
| Number of Complaints received and investigated | ... | | 781 |
| Number of Notices sent regarding infectious diseases | | | 74 |
| Keeping of Animals | ... | ... | 3 |
| Accumulations | ... | ... | 21 |
| Vermin | ... | ... | 5 |
| Rats and Mice | ... | ... | 14 |

| | |
|--|-----|
| Dustbins | 2 |
| Drains Cleared | 72 |
| Drains Repaired | 28 |
| Water Closets | 48 |
| W.C. Buildings | 5 |
| Pails and Conveniences | Nil |
| Cesspools | 1 |
| Septic Tanks | 10 |
| Water Supply | 21 |
| Paving | 6 |
| Roofs | 94 |
| Spouting | 61 |
| Chimneys | 17 |
| Dampness | 35 |
| Sinks | 7 |
| Windows | 52 |
| Floors | 30 |
| Walls, External | 18 |
| Walls, Internal | 37 |
| Ceilings | 16 |
| Staircases | 8 |
| Doors | 14 |
| Fireplaces | 7 |
| Offensive Trades | 2 |
| Clean Air | 9 |
| Noise Nuisance | 6 |
| Overcrowding | 10 |
| Factories: Cleanliness | 3 |
| Temperature | Nil |
| Ventilation | 5 |
| Lighting | Nil |
| Sanitary Accommodation | 10 |
| Welfare Regulations | 2 |
| Shops and Offices: Overcrowding | 4 |
| Heating | 58 |
| Lighting | 90 |
| Ventilation | 37 |
| Accommodation for Clothing | 32 |
| Seating | 8 |
| Cleanliness | 209 |
| Washing Accommodation | 95 |

| | | |
|--|--------|-----|
| Sanitary Accommodation | ... | 197 |
| Drinking Water | ... .. | 2 |
| Eating Facilities | ... .. | 2 |
| No Abstract provided | ... .. | 83 |
| Stairs and Floors, etc. | ... .. | 268 |
| Fencing | ... .. | 13 |
| First Aid | ... .. | 57 |
| Food Hygiene Regulations: Wash-hand Basins | ... | 15 |
| Sinks | ... .. | 11 |
| Internal Structural | | |
| Repairs | | 60 |
| Cleansing | ... .. | 37 |
| First Aid Equipment | ... | 1 |
| Hot and Cold Water | ... | 12 |
| Equipment | ... .. | 16 |
| Personal Hygiene | ... | 8 |
| Clothing | | |
| Accommodation | | 2 |

RODENT CONTROL.

The following table summarises the work carried out by the staff of one Rodent Officer and one Rodent Operative.

| | | |
|-----------------------------------|--------|-----|
| Number of Complaints received | ... .. | 314 |
| Number of Inspections carried out | ... .. | 547 |
| Number of Treatments carried out | ... .. | 413 |

Types of Properties Treated:

| | | |
|---|--------|-------|
| Number of treatments (Local Authorities properties) | | 87 |
| Number of treatments (Dwelling-houses) | ... .. | 270 |
| Number of treatments (Business premises) | ... .. | 56 |
| Number of re-visits during treatments | ... .. | 1,499 |
| Number of Smoke and Drain tests | ... .. | 5 |
| Number of inspections made with no treatments | ... | 73 |

These figures include visits to hospitals, clinics, school meal kitchens, schools, sewage disposal works, tipping grounds, riverside banks, watercourses and public slaughterhouses. Treatments being carried out where and when necessary.

1,000 sewer manholes were treated by outside contract during the year in the areas where rats were most prevalent.

Approximately 4,540 rats were exterminated according to the figure formula of the Ministry of Agriculture, Fisheries and Food Poisons Estimates.

MILK

Bacteriological Examinations.

| <i>Type of Milk</i> | <i>Test</i> | <i>Satisfactory</i> | <i>Unsatisfactory</i> | <i>Total</i> |
|---------------------|----------------|---------------------|-----------------------|--------------|
| Pasteurised Milk | Methylene Blue | 123 | 7 | 130 |
| Pasteurised Milk | Phosphatase | 130 | — | 130 |
| Sterilised | Turbidity | 46 | — | 46 |
| Cream | Methylene Blue | 31 | 15 | 46 |
| Cream | Phosphatase | 46 | — | 46 |
| Milk (Untreated) | Biological | 2 | — | 2 |

Chemical Examinations

| | | | |
|---|-----|-----|-----|
| Pasteurised Milk, informal samples taken ... | ... | ... | 127 |
| Found deficient in fat ... | ... | ... | 13 |
| Found deficient in solids non-fat ... | ... | ... | 15 |
| Channel Island Milk, informal samples taken ... | ... | ... | Nil |
| Found deficient in fat ... | ... | ... | Nil |
| Cream, informal samples taken ... | ... | ... | 2 |
| Found deficient in fat ... | ... | ... | Nil |

Of these samples those found to be deficient in fat were found to be genuine on bulking the consignment. Those deficient in solids were genuine when submitted to the freezing test.

| | | | |
|--------------------|-----|-----|----|
| Formal Samples ... | ... | ... | 15 |
|--------------------|-----|-----|----|

Eight formal milk samples were taken, of which one was found to be deficient in fat, but genuine on bulking the consignment.

Seven samples of Spirits were taken all of which were genuine.

OTHER BACTERIOLOGICAL EXAMINATIONS.

Ice Cream.

Twenty-three samples were taken with the following results:

| | | | | | | | |
|---------|-----|-----|-----|-----|-----|-----|----|
| Grade 1 | ... | ... | ... | ... | ... | ... | 8 |
| Grade 2 | ... | ... | ... | ... | ... | ... | 10 |
| Grade 3 | ... | ... | ... | ... | ... | ... | 4 |
| Grade 4 | ... | ... | ... | ... | ... | ... | 1 |

The unsatisfactory samples were mostly from soft ice cream vendors and as a result of supervision and advice more satisfactory results were obtained.

Five samples of ice cream were taken for chemical examination and found to be satisfactory.

Bacteriological Examinations made as a result of investigation or complaint.

| | | | | | | | |
|-------------|-----|-----|-----|-----|-----|-----|---|
| Corned Beef | ... | ... | ... | ... | ... | ... | 2 |
|-------------|-----|-----|-----|-----|-----|-----|---|

OTHER CHEMICAL EXAMINATIONS.

Food and Drugs Act.

Informal Samples (other than milk and ice cream)

| | | | | | | | |
|------------------|-----|-----|-----|-----|-----|-----|---|
| Bacon | ... | ... | ... | ... | ... | ... | 1 |
| Baking Powder | ... | ... | ... | ... | ... | ... | 1 |
| Beetroot | ... | ... | ... | ... | ... | ... | 1 |
| Biscuits | ... | ... | ... | ... | ... | ... | 1 |
| Butter | ... | ... | ... | ... | ... | ... | 6 |
| Carrots | ... | ... | ... | ... | ... | ... | 2 |
| Cake Mixtures | ... | ... | ... | ... | ... | ... | 4 |
| Chocolate Spread | ... | ... | ... | ... | ... | ... | 1 |
| Cheese | ... | ... | ... | ... | ... | ... | 4 |
| Coffee | ... | ... | ... | ... | ... | ... | 2 |
| Currants | ... | ... | ... | ... | ... | ... | 1 |
| Custard | ... | ... | ... | ... | ... | ... | 1 |
| Double Cream | ... | ... | ... | ... | ... | ... | 3 |
| Evaporated Milk | ... | ... | ... | ... | ... | ... | 3 |
| Frozen Beans | ... | ... | ... | ... | ... | ... | 1 |

| | | | | | | | |
|----------------------|-----|-----|-----|-----|-----|-----|----|
| Fruit Pie | ... | ... | ... | ... | ... | ... | 2 |
| Glacé Cherries | ... | ... | ... | ... | ... | ... | 1 |
| Hamburgers | ... | ... | ... | ... | ... | ... | 1 |
| Ham and Chicken Roll | ... | ... | ... | ... | ... | ... | 2 |
| Jelly | ... | ... | ... | ... | ... | ... | 1 |
| Ketchup | ... | ... | ... | ... | ... | ... | 3 |
| Meat Products | ... | ... | ... | ... | ... | ... | 15 |
| Meat Tenderiser | ... | ... | ... | ... | ... | ... | 1 |
| Meat Pies | ... | ... | ... | ... | ... | ... | 6 |
| Mincemeat | ... | ... | ... | ... | ... | ... | 1 |
| Peas | ... | ... | ... | ... | ... | ... | 1 |
| Peanut Butter | ... | ... | ... | ... | ... | ... | 1 |
| Pepper | ... | ... | ... | ... | ... | ... | 1 |
| Pie Filling | ... | ... | ... | ... | ... | ... | 1 |
| Potted Beef | ... | ... | ... | ... | ... | ... | 4 |
| Prawns | ... | ... | ... | ... | ... | ... | 1 |
| Prunes | ... | ... | ... | ... | ... | ... | 2 |
| Salmon Spread | ... | ... | ... | ... | ... | ... | 1 |
| Sausages, Pork | ... | ... | ... | ... | ... | ... | 5 |
| Sausages, Beef | ... | ... | ... | ... | ... | ... | 4 |
| Soft Drinks | ... | ... | ... | ... | ... | ... | 6 |
| Soup | ... | ... | ... | ... | ... | ... | 1 |
| Sugar | ... | ... | ... | ... | ... | ... | 3 |
| Self Raising Flour | ... | ... | ... | ... | ... | ... | 1 |
| Yogurt | ... | ... | ... | ... | ... | ... | 1 |
| Aspirin Tablets | ... | ... | ... | ... | ... | ... | 4 |
| Throat Pastilles | ... | ... | ... | ... | ... | ... | 1 |

Examinations made as a result of complaints.

| | | | | | | | |
|-----------------|-----|-----|-----|-----|-----|-----|---|
| Beef | ... | ... | ... | ... | ... | ... | 1 |
| Biscuits | ... | ... | ... | ... | ... | ... | 1 |
| Cheese | ... | ... | ... | ... | ... | ... | 2 |
| Chocolate Roll | ... | ... | ... | ... | ... | ... | 1 |
| Evaporated Milk | ... | ... | ... | ... | ... | ... | 2 |
| Eggs | ... | ... | ... | ... | ... | ... | 1 |
| Meat Pie | ... | ... | ... | ... | ... | ... | 1 |
| Processed Peas | ... | ... | ... | ... | ... | ... | 1 |
| Sausage Roll | ... | ... | ... | ... | ... | ... | 1 |
| Soup | ... | ... | ... | ... | ... | ... | 1 |
| Strawberries | ... | ... | ... | ... | ... | ... | 1 |

FOOD PREMISES—FOOD HYGIENE (GENERAL) REGULATIONS, 1960.

| Main Trade Class | Number of premises | Number complying with Reg. 16 | Number to which Reg. 19 applies | Number of premises complying with Reg. 19 |
|---|--------------------|-------------------------------|---------------------------------|---|
| Bakers | 6 | 6 | 6 | 6 |
| Butchers | 52 | 52 | 52 | 52 |
| Cafes', Restaurant Snack Bars | 54 | 54 | 54 | 54 |
| Confectioners Flour | 14 | 14 | 14 | 14 |
| Confectioners (Sweets) | 62 | 62 | 30 | 32 |
| Fish and Chips | 22 | 22 | 22 | 22 |
| Fishmongers ... | 18 | 18 | 18 | 18 |
| Greengrocers ... | 51 | 51 | 51 | 51 |
| Grocers | 172 | 172 | 172 | 172 |
| Public Houses ... | 127 | 127 | 127 | 127 |
| Off Licences ... | 47 | 47 | 47 | 47 |
| Social Clubs ... | 55 | 55 | 55 | 55 |
| Supermarkets ... | 11 | 11 | 11 | 11 |
| Warehouses ... | 18 | 18 | 18 | 18 |
| Work's Canteens and School Kitchens | 48 | 48 | 48 | 48 |

FERTILISERS AND FEEDING STUFFS ACT.

Three informal samples of fertilisers and twenty informal samples of feeding stuffs were taken during the year. Of these one sample was found to be slightly outside the limits of variation, but not to the prejudice of the purchaser.

One formal sample of feeding stuff was taken and found to be satisfactory.

FOODSTUFFS (OTHER THAN BUTCHER'S MEAT AT
SLAUGHTERHOUSES) CONDEMNED DURING THE YEAR.

| | | | | |
|-------------------------------------|-----|-----|-----|-------------|
| Tinned Foods (8,553 tins) | ... | ... | ... | 20,958 lbs. |
| Fish | ... | ... | ... | 741 lbs. |
| Meat | ... | ... | ... | 1,384 lbs. |
| Miscellaneous Foods (Cereals, etc.) | ... | ... | ... | 2,144 lbs. |

Total: 11 tons, 5 cwts., 27 lbs.

MEAT INSPECTION.

Weight of Meat and Offals condemned at Public

Slaughterhouse 21,486 lbs.

Total: 9 tons, 11 cwts., 3 qrts., 10 lbs.

PROSECUTIONS.

- | | | | |
|------|--|--------|---|
| (1) | Smoke emission from Works | ... .. | Undertaking given and adjourned sine die |
| (2) | Illegal occupation of house subject of Demolition Order | ... .. | Fined £2 |
| (3) | Non-compliance with Notices under Sections 15 and 16, Housing Act, 1961 | ... .. | Fined £20 |
| (4) | Sale of Mouldy Sausages | ... .. | Fined £15 |
| (5) | Sale of Mouldy Fruit Cake | ... .. | Fined £10 |
| | Exposure for sale of Mouldy Fruit Cake | | Fined £10 |
| (6) | Offences under Food Hygiene Regulations | | Fined £30 |
| (7) | Offence under Section 7, Offices, Shops and Railway Premises Act, 1963 | ... .. | Fined £15 |
| (8) | Sale of Milk in dirty bottle | ... .. | Fined £15 |
| (9) | Sale of milk not of quality demanded | ... .. | Fined £15 |
| (10) | Offence under Slaughterhouse Hygiene Regulations | ... .. | Fined £1 |
| (11) | Offence under Slaughterhouse Hygiene Regulations | ... .. | Fined £3 |
| (12) | Offence under Slaughterhouse Hygiene Regulations | ... .. | Fined £2 |
| (13) | Offence under Slaughterhouse Hygiene Regulations | ... .. | Fined £1 |

In addition the Health Committee gave instructions to issue 15 warnings to traders for offences in connection with the sale of food and against the Food Hygiene Regulations.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

There are no egg pasteurisation plants in the district and no samples were taken during the Year.

POULTRY INSPECTION.

There are no poultry processing premises in the district.

Public Slaughterhouse

Carcases and Offal Inspected and Condenned in whole or in part

| | Cattle excluding Cows | Cows | Calves | Sheep and Lambs | Pigs |
|--|-----------------------------|-------|--------|-----------------------|-------|
| Number killed | 2,580 | 578 | 217 | 23,303 | 7,697 |
| Number inspected | 2,580 | 578 | 217 | 23,303 | 7,697 |
| <i>All diseases except Tuberculosis and Cysticerci</i> | | | | | |
| Whole carcases condemned | 4 | 9 | 11 | 38 | 28 |
| Carcases of which some part or organ was condemned | 316 | 128 | 3 | 1,530 | 710 |
| Percentage of the number inspected affected with disease other than tuberculosis | 12.4 | 23.72 | 6.45 | 6.72 | 9.58 |
| <i>Tuberculosis only</i> | | | | | |
| Whole carcases condemned | — | 1 | — | — | — |
| Carcases of which some part or organ was condemned | — | — | — | — | 78 |
| Percentage of the number inspected affected with tuberculosis | — | .17 | — | — | 1.01 |
| <i>Cysticercosis</i> | | | | | |
| Carcases of which some part or organ was condemned | 8 | — | — | — | — |
| Carcases submitted to treatment by refrigeration | 8 | — | — | — | — |
| Generalised and totally condemned | — | — | — | — | — |

HOUSING.

(1) Common Lodging Houses.

There are no registered common lodging houses in the City, but the Welfare Department in conjunction with the Ministry of Social Security maintain a Reception Centre for a maximum number of 40. Many of the "casuals" who spend a night in the Reception Centre stay on in the City for a few days, taking shelter in old houses awaiting demolition or sleeping rough in the hedgerows adjacent to the river.

(2) Houses in Multiple Occupation.

There are now 71 houses in multiple occupation which are in the main well kept. So far they have not presented a serious problem.

(3) Slum Clearance.

During the year 51 houses were represented as unfit. The following is the progress made in our Slum Clearance from 1954 to the end of 1966:—

| | |
|--|-------|
| Unfit Houses represented to Health Committee ... | 1,768 |
| Tenants rehoused | 1,375 |
| Sub-tenants rehoused | 122 |
| Tenants and Sub-tenants who found own accommodation | 208 |
| Houses vacant when represented | 87 |
| Houses demolished under Housing Act orders ... | 1,370 |
| Unfit houses demolished privately by owner ... | 41 |
| Houses Closed on Closing Orders | 122 |
| Houses made fit and removed from programme ... | 64 |

Many of the houses closed on Closing Orders will be absorbed in future Clearance Areas.

During the year 92 houses were demolished under the Housing Act, 4 unfit houses were demolished privately by owners, 6 fit houses were converted to other uses, 25 fit houses were demolished to facilitate redevelopment of the sites, 11 houses were converted into flats providing a further 18 units of dwelling accommodation.

(4) Rehousing.

The City Council completed 108 new houses during the year, and 75 families were rehoused from slum clearance properties.

Also during the year 556 privately built houses were completed.

RENT ACT, 1957.

Applications for Certificates of Disrepair.

| | |
|---|-----|
| (1) Number of applications for certificates | 1 |
| (2) Number of decisions to issue Certificates | 1 |
| (3) Number of undertakings given by landlords under Paragraph 5 of the First Schedule | 1 |
| (4) Number of undertakings refused by Local Authority under proviso to Paragraph 5 of the First Schedule | Nil |
| (5) Number of Certificates issued | Nil |
| (6) Number of applications by Landlords to Local Authority for Cancellations of Certificates ... | 1 |
| (7) Number of Objections by tenants to cancellation of Certificates | Nil |
| (8) Number of Certificates cancelled by Local Authority | 1 |

HOUSING STATISTICS.

1. Inspection of Dwelling-houses during the year :

| | |
|---|-------|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 1,346 |
| (b) Number of inspections made for the purpose | 3,002 |
| (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under Housing Consolidated Regulations, 1925, 1932 | 166 |
| (b) Number of inspections made for the purpose | 243 |

| | | | | | |
|---|-----|-----|-----|-----|-----|
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | ... | ... | ... | ... | 166 |
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for habitation | | | | | 109 |
| 2. <i>Remedy of defects during the year without service of formal notices :</i> | | | | | |
| Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers | ... | ... | ... | ... | 59 |
| 3. <i>Action under Statutory Powers during the year :</i> | | | | | |
| (a) Proceedings under Section 9, Housing Act, 1957: | | | | | |
| (1) Number of dwelling-houses in respect of which notices were served requiring repair | ... | ... | | | Nil |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices | ... | | | | |
| (a) By owners | ... | ... | ... | ... | Nil |
| (b) By Local Authority in default of owner | | | | | Nil |
| (b) Proceedings under Public Health Act, 1936: | | | | | |
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | ... | ... | ... | ... | 50 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices | | | | | |
| (a) By owners | ... | ... | ... | ... | 50 |
| (b) By Local Authority in default of owner | | | | | Nil |
| (c) Proceedings under Sections 16, 17, 23 and 28 of the Housing Act, 1957: | | | | | |
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | ... | ... | | | 41 |
| (2) Number of dwelling-houses in respect of which Closing Orders were made | ... | ... | ... | | 6 |

| | |
|---|-----|
| (3) Number of dwelling-houses demolished in pursuance of demolition orders | 34 |
| (4) Number of Demolition Orders determined ... | Nil |
| (5) Number of Closing Orders determined ... | 8 |
| (6) Number of dwellings closed on undertaking | Nil |
| (7) Number of reconditioning schemes accepted | Nil |
| (8) Number of demolition orders substituted for Closing Orders | 4 |

(d) Proceedings under Section 18, Housing Act, 1957:

| | |
|--|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 4 |
| (2) Number of undertakings accepted to close houses for human habitation | Nil |
| (3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | 1 |
| (4) Reconditioning schemes accepted in respect of dwelling-houses | Nil |

WATER SUPPLY.

The City's domestic water supply is all obtained from the River Severn and treated by settlement, filtration and chlorination.

The average daily consumption for all purposes is 3,984,966 gallons, or 57·42 gallons per head per day. The quality of the water is satisfactory and has no plumbo-solvent action.

There is a separate piped supply to 23,158 houses with a population of 69,050. 123 houses with a population of 340 share taps in common wash-houses. One house relies on water from a shallow well.

Four wells are still in use in connection with business premises.

SWIMMING BATHS.

Twenty-six samples of swimming bath waters were taken during the year for chemical and bacteriological analysis giving generally satisfactory results. The analyses in some cases assisted in advice being given to improve the condition of the water.

Six samples were taken from brooks and ponds to establish causes of pollution.

Routine sampling of water is carried out both by the Water Department and the Public Health Department. During the year the following samples were submitted for analysis:—

| | <i>Bact. Exam.</i> | <i>Chem. Exam.</i> |
|--|--------------------|--------------------|
| Raw Water | 52 | 12 |
| Raw Water after settlement ... | 52 | — |
| Primary Filter water | 52 | — |
| Final Water before chlorination | 52 | — |
| Final Water after chlorination | 52 | 12 |
| Check samples from tap in laboratory | 52 | — |
| Consumer tap samples ... | 2 | 19 |

Summary of Chemical Analyses of Tap Water
Year ending 31st December, 1966.

| | | | | Min. | Max. | Average |
|---|-----|-----|-----|-------|-------|---------|
| Solids in Suspension (Dried at 100°C) | | | | — | — | — |
| Solids in Solution (Dried at 180°C) ... | | | | 195 | 465 | 322 |
| Solids in Solution After Ignition ... | | | | 105 | 370 | 203 |
| Chlorine present as Chloride ... | ... | ... | | 27 | 103 | 60 |
| Hardness Non-Carbonate ... | ... | ... | | 46 | 94 | 65 |
| Hardness Carbonate ... | ... | ... | ... | 66 | 146 | 107 |
| Hardness Total ... | ... | ... | ... | 118 | 228 | 172 |
| Ammoniacal Nitrogen ... | ... | ... | ... | Trace | 0.03 | 0.01 |
| Albuminoid Nitrogen ... | ... | ... | ... | 0.03 | 0.11 | 0.06 |
| Nitrate Nitrogen ... | ... | ... | ... | 2.3 | 5.8 | 3.6 |
| Nitrite Nitrogen ... | ... | ... | ... | Nil | 0.001 | Nil |
| Oxygen absorbed in 4 hours at 27°C | | | | | | |
| (N/80 Permanganate) ... | ... | ... | ... | 0.85 | 2.90 | 1.53 |
| Toxic Metals ... | ... | ... | ... | Nil | Nil | Nil |
| *Total Residual Chlorine ... | ... | ... | ... | 0.04 | 1.1 | 0.30 |
| *Fluorine ... | ... | ... | ... | 0.035 | 0.20 | 0.10 |
| †Synthetic detergent as Manoxol ... | ... | ... | ... | Nil | 0.05 | 0.01 |
| †Phosphate as PO ₄ | | | | | | |
| | ... | ... | ... | 0.18 | 0.80 | 0.49 |
| p ^H ... | ... | ... | ... | 6.8 | 7.8 | 7.4 |

Summary of 12 monthly analyses at random sampling points within the City and 12 monthly analyses of water leaving the Waterworks.

*Random sampling points only.

†Waterworks only.

